

Counties	Description of Process	Placement responsibility 48 hour hold	Placement Responsibility Post hearing	Preferred Placement Responsibility	Placement Problems	Magistrate willing to commit	Commitment of Jail inmate	Other issues
Adair County	Patient presents at hospital, court house, etc. Mental Health Center or hospital staff evaluates - magistrate issues order - CPC attempts to find bed, assisted by auditor and MHC.	Social Worker at facility with help from CPC	CPC	If they present at the clerk's office - they have all the information there - the Clerk should find placement; if they present at MHC - the Mental Health Center.	Finding a bed in becoming increasingly difficult. Also when we have to place a person who is with the judge or in the clerk's office, our office ends up being just a go-between - calling the placement - they have questions - we call the clerk back to get information, etc. It just adds another step and wastes valuable time. Each facility has different questions they ask in order to determine if they will take the consumer. If the person is right there in the clerk's office or the judges chambers it makes no sense to have to play "phone tag" with information. The CPC is not a clinician - just a funder.	It varies - one county seems to commit everyone - one county won't commit even if it seems obvious it's needed - the other 3 are good in their evaluations and judgement of who needs commitment.	They seem anxious to have them out of their jail, but don't want to work with us to find a place. Infrequent, and yes	It needs to be made clear just who is responsible for what steps of the procedure. The code is not clear on whose "job" it is. Our district judge issued an order that the clerks cannot be involved. In other areas they still are.
Adams County	Patient presents at hospital, court house, etc. Mental Health Center or hospital staff evaluates - magistrate issues order - CPC attempts to find bed, assisted by auditor and MHC.	Social Worker at facility with help from CPC	Auditor, CPC helps if needed	If they present at the clerk's office - they have all the information there - the Clerk should find placement; if they present at MHC - the Mental Health Center.	Finding a bed in becoming increasingly difficult. Also when we have to place a person who is with the judge or in the clerk's office, our office ends up being just a go-between - calling the placement - they have questions - we call the clerk back to get information, etc. It just adds another step and wastes valuable time. Each facility has different questions they ask in order to determine if they will take the consumer. If the person is right there in the clerk's office or the judges chambers it makes no sense to have to play "phone tag" with information. The CPC is	It varies - one county seems to commit everyone - one county won't commit even if it seems obvious it's needed - the other 3 are good in their evaluations and judgement of who needs commitment.	They seem anxious to have them out of their jail, but don't want to work with us to find a place. Infrequent, and yes	It needs to be made clear just who is responsible for what steps of the procedure. The code is not clear on whose "job" it is. Our district judge issued an order that the clerks cannot be involved. In other areas they still are.

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Allamakee County	During court hours: 2 individuals must sign an affidavit that is presented to the judge. If founded, the clerk notifies the CPC who finds a bed. The person is picked up by the sheriff's dept. After hours: Staff at local ER sign 48 hour hold request & hospital makes arrangements.	Business hours CPC After hours – medical facility	hospital staff coordinate this placement with input from CPCs, case managers, and family.	Medical/social service staff with input from insurer	Lack of beds Lack of information to CPC about patient making appropriate placement difficult	If there is legal evidence to commit, there is not an issue.	No issue, happened twice	Role of the mental health advocate. Advocates should be persons with professional mental health training or access to a trained supervisor. Should not duplicate roles of attorneys, case managers, hospital staff or families. Must be accountable to someone—either the court system or the county.
Appanoose County	Pursuant to Code	Magistrate	Mental health center	Mental health center or Hospital	Lack of beds	Judges willing to commit especially if doctor recommends	No problems, doesn't happen very often	Substance abuse, dual diagnosis
Audubon County	County Attorney Files with two witness statements	County attorney's office finds the placement and orders sheriff transport.	The hospital where the person was placed in 48 hour hold.	Initially, the county attorney's and his/her designee After the 48 hour hold, the hospital	Difficulty finding placement, patents sent far away from home.	very willing if necessary	haven't had any experience with this	The increase in commitments of children
Benton County	Pursuant to Code	We do not usually know of the hold until a commitment is filed during business hours by family or other	CPC office staff works with the Clerk of Court in finding a bed Monday - Friday 8 - 4:30. CPC staff primarily finds beds during these times.	Clerk of Court mainly because they have much more information available to them such as the affidavit etc. to present to the potential hospital for placement. CPC office does not get adequate information concerning the danger to respondent or other.	a) Not finding an available bed; b) juvenile commitments; c)filing a mental health commitment for a person who should clearly have a substance abuse commitment filed; or d)changing a substance abuse commitment to a mental health commitment.	Fairly willing and depends on the magistrate	OK - jailers usually file with the court but don't provide enough information on the application Seldom and yes, usually successful	The court wants the CPC to find placement for people yet don't allow CPC to have the affidavits or other important documentation that would be helpful in placement. Although we have a good working relationship with the Clerk of Court, it would be much more efficient if all services/duties/expenses related to commitments were handled by the court and paid for by the court. This includes the mental health advocate as well. In my opinion, the mental

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Black Hawk County	All counties receive applications for civil commitment at the Clerk's Office. Then the only difference is in Black Hawk County the Hospital Referee reviews the applications and issues the pickup order. The hearings are then held at the hospital. In Cerro Gordo County the Magistrates issue the initial order and then the Hospital Referee conducts the hearing at the hospital.	The clerk calls to see if a bed is available in one of the network hospitals or law enforcement takes the individual to the nearest hospital with a psychiatric unit.	The hospital	The hospital, of course our office facilitates the funding approval if needed. With three psychiatric units in our region IP beds having generally not been a problem to access. Occasionally they will be full and need to look outside the region.	Waiting lists for individuals needing an extended stay at a Mental Health Institute or exhibiting behavior too difficult for community providers to serve.	I assume they follow their interpretation of the law.	Our office is not involved other than to coordinate reimbursement for eligible individuals. I do not have information on number of jail inmate commitments.	The state institutions are difficult to access for individuals unsuccessful in community placement. Community providers assume considerable risk serving challenging clients.
Boone County								
Bremer County	The clerk of court handles the paperwork and finding a bed for placement in an involuntary situation. After hours, the Sheriff's Department does these things.	Clerk of Court, unless after hours; then sheriff's department	County Social Worker, CPC, and hospital social worker	Clerk of Court	Lack of available beds Patient hospitalized far from home.	Magistrate is willing to commit when it is appropriate.	Jail administrator or sheriff has taken care of this. There have been no problems with this	Mental Health Advocate should have a job description and supervision from the judicial system. Advocate should have some qualifications and experience in dealing with individuals with mental illness. County should not bear the burden of the expenses of commitments
Buchanan County	Two individuals must go to the Clerk of Court's Office to complete the application and affidavit (or one individual with a doctor's statement). The application is then reviewed by the magistrate. If the magistrate feels the individual is a danger to him/herself a commitment order to a hospital and a transportation order for the sheriff's department is	The local ER room finds a bed	The CPC or someone from the CPC office finds the bed	Current arrangement works well in Buchanan Co. because it allows the CPC office a chance to get more information for determining legal settlement than is typically received by the Clerk of Court's office. After hours, it works well for the ER to find the bed since the individual is at the hospital and other offices are closed.	Recently we have had some difficulty finding beds.	They have been very willing if there is evidence to show dangerousness.	Inmates have not been treated any differently than any other individuals that have been presented to the magistrates for review for a commitment. It has been infrequent that an inmate has needed commitment that I have been aware of, but every attempt that I have been aware of has been approved.	There is a definite need for alternatives to commitments and hospitalizations for individuals needing mental health treatment. Mobile crisis units and outpatient assessments and intensive treatment would be less restrictive and could be effective for some individuals.

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	written. The individual is then picked up by the sheriff's department and transported to the hospital. A hearing is held within 5 days, excluding weekends and holidays.							
Buena Vista County	Individuals file at the clerk of court - clerk finds placement.	clerk of court	clerk of court	cpc administrator	clerk of court would like to see responsibility for bed placement transferred to CPC; lack of available beds	very willing	sheriff files and has not been an issue not frequently but when it occurs it is usually successful	<u>general</u> concern with the fact that the judges sign commitments on most every filing and that the hospitals are requiring commitments for voluntary patients
Butler County	All counties receive applications for civil commitment at the Clerk's Office. Then the only difference is in Black Hawk County the Hospital Referee reviews the applications and issues the pickup order. The hearings are then held at the hospital. In Cerro Gordo County the Magistrates issue the initial order and then the Hospital Referee conducts the hearing at the hospital.	The clerk calls to see if a bed is available in one of the network hospitals or law enforcement takes the individual to the nearest hospital with a psychiatric unit.	The hospital	The hospital, of course our office facilitates the funding approval if needed. With three psychiatric units in our region IP beds having generally not been a problem to access. Occasionally they will be full and need to look outside the region.	Waiting lists for individuals needing an extended stay at a Mental Health Institute or exhibiting behavior too difficult for community providers to serve.	I assume they follow their interpretation of the law.	Our office is not involved other than to coordinate reimbursement for eligible individuals. I do not have information on number of jail inmate commitments.	The state institutions are difficult to access for individuals unsuccessful in community placement. Community providers assume considerable risk serving challenging clients.
Calhoun County	CPC visits with 2 people who will do the commitment paperwork, if imminent danger, CPC discusses with judge, sends them to clerk of court to file paperwork, orders issued by judge, sheriff transports. After hours or weekends sheriff contacts judge or on call judge directly, CPC is informed next working day or the paperwork may show up on my desk, or the clerk calls and informs CPC.	joint with CPC and facility where individual held	Drs. Recommendation and joint decision with facility, judge and CPC	team decision	finding inpt. Units in reasonable distance Inpt. Units won't accept people from jail Inpt. Units won't deal with medical issues along with mental health issues Waiting lists at MHI's Lots of dual diagnosis clients and our county doesn't pay for substance abuse placements	reasonably willing, difficult to sort out mental health vs. substance abuse issues when asked	willingness to commit but inpt. Units are not willing to accept only been CPC since 9/08, probably had 3 commitments from jail, all successful	funding-state needs to fulfill obligation to cover the increase in costs since 1996 property tax freeze, wasn't that a statutory obligation??, if I have to cut services I will have to cut/do a waiting list for outpt. Mental health services, you can't put mental health on a waiting list, people usually let it go as long as they can before requesting help as is.
Carroll County	Individuals file at the clerk of court - clerk finds placement.	clerk of court	clerk of court	cpc administrator	clerk of court would like to see responsibility for bed placement transferred to CPC; lack of available beds	very willing	sheriff files and has not been an issue not frequently but when it occurs it is usually	<u>general</u> concern with the fact that the judges sign commitments on most every filing and that the

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							successful	hospitals are requiring commitments for voluntary patients
Cass County	Mental health unit staff does assessment, If person is from out of state go to MHI If no bed available at mental health unit, hospital finds bed	Mental health unit of hospital	Mental health unit and social worker	Ok with how things are working now	Substance abuse People who burn all bridges	If evidence is there, judge will commit. Sometimes don't re-look at issue, committed forever	Haven't had to do deal with that, mental health unit people come in to jail	Substance abuse beds hard to find, for men easier than women Not enough use of outpatient Dual Diagnosis pgm at MHI has not been successful Use 229 even if substance abuse issue Increased juvenile commitment,
Cedar County	The court documents are filed with the county attorney's office. The para legal contacts my office to let me know that a commitment may be schedule. They give me give me enough information that I can determine legal settlement. The para legal makes the calls for a bed etc. at either the MHI in Independence or a private hospital. I receive the paper work from the Clerk of Court's office. The communication is very good. We have a very good working relationship in all aspects of the commitment process.	Para legal from the county attorney's office.	Prior to the hearing, I receive a call from the hospital social worker regarding service funding if they are recommending out-patient services or placements. If the recommendation is for a 24/7 service I provide names of facilities they may want to contact for openings. If the recommendation is out-patient services I can provide assistance to the hospital social worker. I also make a contact with the Mental Health Advocate to discuss options for services.	The system we have in place in Cedar County appears to work very well.	Finding an open bed in a hospital for adults and juveniles. Juvenile 229's are the worst. There is very little, if any, DHS involvement in services. From my experience in talking with families, they are encouraged by DHS staff to file 229 commitments. They basically do very few CINA's. It's as if, 229's are their "service of choice". Our mental health advocate has five juveniles on her caseload. I believe this has been a trend in the last two years. Our advocate covers four counties so I know Cedar County is not the only county where she has experienced an increase in juvenile 229's. In Cedar County, we do not separate 229's into "adults vs. juveniles". We pay the costs associated with a 229 commitment.	I do not believe that has been a problem.	No experience with this	I believe that we all work well together. We may have "bump's in the road" occasionally but they are worked out.
Cerro Gordo	All counties receive	The clerk calls to see if a	The hospital	The hospital, of course our	Waiting lists for individuals	I assume they follow their	Our office is not involved	The state institutions are

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County	applications for civil commitment at the Clerk's Office. Then the only difference is in Black Hawk County the Hospital Referee reviews the applications and issues the pickup order. The hearings are then held at the hospital. In Cerro Gordo County the Magistrates issue the initial order and then the Hospital Referee conducts the hearing at the hospital.	bed is available in one of the network hospitals or law enforcement takes the individual to the nearest hospital with a psychiatric unit.		office facilitates the funding approval if needed.With three psychiatric units in our region IP beds having generally not been a problem to access. Occasionally they will be full and need to look outside the region.	needing an extended stay at a Mental Health Institute or exhibiting behavior too difficult for community providers to serve.	interpretation of the law.	other than to coordinate reimbursement for eligible individuals. I do not have information on number of jail inmate commitments.	difficult to access for individuals unsuccessful in community placement. Community providers assume considerable risk serving challenging clients.
Cherokee County	Each individual must complete a pre-screen with the local Community Mental Health Center/designated provider. The local CMHC will often take care of the arrangements if they are found to need inpatient.	CPC – the judge/magistrate relies heavily on my decision for placement	CPC	Trained mental health person with input from CPC	Lack of Available beds Private hospitals taking people "outside their catchment area" makes it more difficult to find a bed.	following the protocol and working with our office, they are very good about that	Very little	Increase in commitments Need screening process
Chickasaw County	Person initiating it goes through the clerk of court/magistrate	The sheriff will take them to the hospital-it has never been a problem.	The county attorney and hospital discharge person will do this-the CPC will attend hearings and have communication with hospital as needed.	The hospital discharge person is a good person who knows agencies, etc	None	Varies-better now since we have better idea what magistrate is looking for	None	Mental Health Advocate job performance, lack of education Court should be Advocate's employer providing oversight and salary
Clarke County	Patient presents at hospital, court house, etc. Mental Health Center or hospital staff evaluates - magistrate issues order - CPC attempts to find bed, assisted by auditor and MHC.	Social Worker at facility with help from CPC	local hospital, CPC helps if needed	If they present at the clerk's office - they have all the information there - the Clerk should find placement; if they present at MHC - the Mental Health Center.	Finding a bed in becoming increasingly difficult. Also when we have to place a person who is with the judge or in the clerk's office, our office ends up being just a go-between - calling the placement - they have questions - we call the clerk back to get information, etc. It just adds another step and wastes valuable time. Each facility has different questions they ask in order to determine if they will take the consumer. If the	It varies - one county seems to commit everyone - one county won't commit even if it seems obvious it's needed - the other 3 are good in their evaluations and judgement of who needs commitment.	They seem anxious to have them out of their jail, but don't want to work with us to find a place. Infrequent, and yes	It needs to be made clear just who is responsible for what steps of the procedure. The code is not clear on whose "job" it is. Our district judge issued an order that the clerks cannot be involved. In other areas they still are.

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Clay County	Application to Clerk of Court, Judge determines need for immediate custody. The Clerk of Court contacts CPC. The CPC determines financial responsibility and the respondent's county of legal settlement. The CPC contacts the current treatment providers (as applicable) to determine the course of evaluation and treatment. If the respondent does not have current provider, the judge orders them to the local hospital Emergency room where a medical screening takes place using protocols established by our hospital, mental health and substance abuse treatment providers. Mental health professionals then determine level of care needed.	The clinical recommendations of the evaluating physician, nurse practitioner or substance abuse counselor set the stage for finding a bed. At that point, the hospital, the evaluating psychiatrist, and/or the substance abuse counselor makes admission arrangements based on clinical criteria.	Recommendations for levels of care are established and the individual is detained or released depending on the recommendation. We have a private inpatient mental health unit in our hospital so that always helps when looking at options besides the MHLs.	The hard work and coordination we have done has been most beneficial as each entity does their work, works collaboratively with other treatment providers and evaluates and places according the need of the individual.	When we adopted our current procedures and that also included the medical protocol used to determine intoxication, medical compromise etc. we believe we improved client safety and also the communication needed to have successful outcomes for the clients and their families.	Our associate district court judge honors an applicant's request for immediate custody so that means that most, if not all, persons are transported to the ER to be evaluated. That way, we know what the threat is (if any) and also what safety needs there are at the time of commitment.	Only one instance due to mental health services provided in jail.	Increased commitment of children
Clayton County	Go to clerk of court, complete papers, submit to Judge, Judge has person picked up and taken to hospital	County has contract with Covenant in Waterloo, if Covenant is full, the Sheriff calls Mercy in Dubuque or Allen in Waterloo	The person goes to Covenant where we have a contract	The county has a contract with a hospital	If the Judge says they go, they go	I don't think they have any problem committing an individual	The have no problem with that. The Sheriff gets them out in good time even if it is probably a false alarm, they commit them. Doesn't happen very often but the commitment isn't a problem with the Sheriff pushing it, he wants them out of his jail.	No other issues
Clinton County	Involuntary commitment process in Clinton County begins with the Clerk of	If they present in the ER, the hospital will need to find a bed.	Clerk of Courts or our office if we are full. Has been a collaborative effort on	Clerk of Courts	Finding a bed on occasion, Otherwise, the process has worked smoothly in	I think they err on side of caution.	Can be obtained if all players agree to the filing. Maybe 1-2 times per year	Not at this time.

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	Courts for the 229.		several occasions		this county for many years.		we need to have an inmate committed. And yes, if it is needed, it can be done.	
Crawford County	During work hours applicants come to CPC office who assists them with the paperwork. Paperwork goes to the Clerk of Court who faxes it to a Judge. After hours CPC available to go to the hospital as needed by the Judges	The CPC finds placement. If I am out of town, I do it by cell phone.	CPC working with the Judge	CPC – I have a better working knowledge of placements and individuals	Cherokee MHI requiring Juveniles to be committed even if guardian willing to admit them.	Not a problem	Has only happened a few times. Work with the lawyer, sheriff and judge to make it happen. Very successful.	
Dallas County	In Dallas County, two people can go into the Clerk of Court's office and file a commitment. The judge or magistrate reviews the affidavit and determines whether the individual meets criteria for commitment. If so, the judge or magistrate attempts to locate a bed. If after 5 attempts, a bed is not located, the judge or magistrate may call the CPC's office for assistance in finding a bed.	The judge or magistrate attempts to find a bed. If after 5 attempts they are unsuccessful, the CPC office is contacted for assistance.	The judge or magistrate attempts to find a bed. If after 5 attempts they are unsuccessful, the CPC office is contacted for assistance.	I believe that for the most part, the magistrates/judges are doing fine locating a bed. However, the CPC office can be very instrumental in locating beds.	When a magistrate or judge calls my office for assistance, they do not give me information about the individual. Usually, I have to make several calls back to the judge or magistrate to have questions answered. Often, I am contacting hospitals that my office utilizes on a regular basis. Recently, several have been leery about taking a commitment from my county because the judge or magistrate has not given them enough information and they've taken people they normally wouldn't have. We try very hard to keep relationships good with the hospitals.	It would seem that they are very willing. Often, people come in to file a commitment because they are not aware of what all their options are or the services that are available. They are not offered any of that prior to commitment. It would seem that once a commitment is requested, it moves forward in that direction without exploring outpatient options.	Generally, it seems to be easy It does not appear to be difficult to commit a county jail inmate. I am not generally involved in that process as it is the jail administrator that is directly involved in that decision. My office generally gets involved after the inmate is committed.	I think it is very important to educate the public about mental health services. Many commitments could be avoided if people were just pointed in the right direction for voluntary services.
Davis County	Concerned parties go to the Clerks office and fill out written statements as to why they believe person needs committed involuntarily and gives to the clerk who then informs the Judge there is a commitment in process.	The Clerk has all the committal information and can access any of the hospitals we use. Clerk contacts CPC to alert the CPC that a committal is in process – and then faxes the necessary papers for the hospitals doctors admission approval. The CPC does not have access to court information only what the	See #2	CPC approves funding for those consumers accessing county MH funds. The Clerk has access to commitment statements about why a person is in immediate danger to self/and or others. Hospitals need this information faxed to them so their admitting doctors can either approve or deny	Waiting for hospital to make decision whether to take person	Commitments happen but Magistrate frustrated with excessive amount of time it takes to find placement	The sheriff's office would like a hospital as close as possible for time restraints however and that is the only recommendation I have gotten from them. In most situations when someone is committed that is already incarcerated the client goes to Mt. Pleasant – there might be a waiting list in some cases which	I feel things are going pretty well. I am always open to suggestions on how to improve MH services and we hold a Stakeholders meeting every March at the same time we review the new budgets for just that purpose – to discuss any shortcomings or any things they may wish to discuss.

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		clerk tells me. Once the hospital approves the admission, the Judge is informed of the admitting hospital so an appropriate court document can be prepared. In some situations the admitting hospital needs funding approval prior to an admission and the CPC does that – usually via phone following up with a letter or email.		the admission. Hospitals do not tell you if they have a bed available until the information has been received and reviewed by the admitting doctor. The admitting doctor has to have time to review the material faxed by the clerk in order to make their decision – if the doctor says no – you have to start the process over at a new hospital until the admission is approved. The Davis County CPC is a part-time position. Clerk serves Davis and Appanoose Counties.			would mean the inmate would stay in jail until they could be committed.	The court system is part of this process and since there have been changes will make sure they are aware of the March meeting as well as scheduling time with me and/or with the Board of Supervisors who employ the CPC
Decatur County	The family or physician or mental health practitioner contacts the CPC, affidavits are completed and filed with the clerk of court and faxed to the magistrate to obtain an order to pick up the individual. If this occurs during business hours the individual is brought to the Mental Health Center to be screened to determine if placement is appropriate. If it is determined the individual needs to be committed the magistrate is contacted and an order to commit is obtained. If it is after hours the person is taken to the emergency room and determined if placement is appropriate and the CPC is contacted.	The treating facility and they contact the CPC to keep me informed. They have a copy of the MH plan and know what facilities are used by the county. However we do not do 48 hour holds anymore.	Same as #2	Same as # 2 I believe the treating facility is appropriate because they have all the pertinent information regarding the person's needs, behaviors and assessments also, physicians need to speak to each other. The fewer people in the mix the better.	Beds are unavailable, facilities are full	Very Willing	As CPC I am not involved in that process it, comes under the corrections jurisdiction. I have had one request and again it needs to go through the court system. The individual is in custody and under 24 hour watch so they are not considered a danger to self or others. If psychiatric evals are necessary they are to be channeled through the dept of corrections and court system.	There is a large gap in the system for teens. I have had an increase of parents wanting committals on their teens for substance abuse and depression
Delaware County	Individuals either present themselves to the local ER or two individuals right an application and affidavit at the clerk of courts office.	The Clerks office	The county social worker and the social worker at the hospital work together on this.	It seems to work fine the way it has been going in our county.	Not enough beds at the hospitals. We are also not getting information of address, DOB or anything in order to follow up with a CPC applications etc. for	Folks have to be a danger to themselves or others and that has to be evident!	We don't Once in a blue moon and after they are committed they return to the county jail after being hospitalized for the 5 days.	1) We have had A LOT of 48 hour holds when folks really need a full commitment. 2) We NEVER get the

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					further funding. Need better documentation from the Clerk of Courts office.			<p>commitment papers because in the code it does not specify that the CPC is to receive these even though we are the paying source of all the services provided for individuals and for Case Management it is required by the state to have those in the files.</p> <p>3) County paying for the MH advocate is a duplication of state and federal dollars because county staff attends the court hearings and is involved from the very beginning. A county social worker or a targeted Case Manager is involved and is the persons advocate and also presents for the best interest of the consumer. There are lots of extra hours submitted by the MH advocate that is not monitored and the CPC has to pay for these hours at a higher cost then if the case managers or county social workers were the sole provider of this service. We receive no reports or documentation of what has occurred in some of the 3 to 8 hour spans of time providing services for an individual. Our MH advocate makes a much higher hourly rate then the county social worker and case manager.</p> <p>4) In our county we have been court ordered by the chief judge to pay for juveniles that have been placed on a commitment. I</p>

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								feel this is the state responsibility not the counties when we fund ALL the adult services. Our budgets are getting smaller and smaller due to the lack of funds from the state and we should not have to pick up the juvenile cost as well.
Des Moines County	Family members or other concerned parties may go to the Clerk of Court’s office to learn of or start the committal process. If it is a hospital requesting a committal, the hospital completes the application forms and sends them to the Clerk of Court. Once the judge approves an application for commitment, the person is picked up by law enforcement and taken to the hospital (unless the person is already at the hospital). While at the hospital, a psychiatrist does an evaluation and files a report with the Court. The report is typically received by the Court and the parties at the same time as the committal hearing, as the original report is brought by the transport officer in a sealed envelope from the hospital. Sometimes the report is faxed to the Court prior to the hearing. Most committal hearings are held at 8:30 a.m. The hospital also works with the person to complete a CPC application. At the court hearing, the person	Des Moines County CPC distributes an approved list of hospital placements for committals to the Clerk of Court and to the social workers at the local hospital. They look for an opening and get approval for funding this through the CPC.	The psychiatrist at the local hospital typically works with the hospital social worker when the decision is made by the psychiatrist concerning the level of treatment that is going to be needed. The hospital social worker works to find an appropriate placement for the person so that the placement information can be included with the report to the Court. The social worker may involve the CPC for assistance. For RCF placements, the person’s Case Manager or the County Social Worker is consulted. The CPC gives final approval for funding.	<p>As the committal applications are filed with the Clerk of Court, I believe that initial placements for evaluation should be done by the Clerk of Court. The emergency nature of such an application requires immediate action by the Clerk once the Court approves an application for involuntary hospitalization.</p> <p>Concerning placements that are recommended in the evaluation reports, our County’s process works well most of the time except when there is a shortage of beds, but the shortage of beds issue is a statewide problem. So, I believe the hospital social worker along with Case Managers or County Social Worker are the right people to find post-evaluation placements, as we currently do this. Final approval by the CPC is also necessary.</p>	<p>There has been a shortage of hospital beds and RCF beds in Iowa. RCF/PMI beds are also difficult to find.</p> <p>Finding placements for sex offenders or persons with behavior problems is difficult.</p> <p>There’s a shortage of psychiatrists, causing people to have a long wait for outpatient appointments and this may be increasing our committals. We are going to add Telepsychiatry options this year, in addition to our traditional services in our Mental Health Centers.</p> <p>When the local hospital is full and a person needs to have the evaluation at a hospital out of the area, there have been circumstances whereby the evaluating hospital submitted a report to the Court at the time of the hearing recommending inpatient treatment, but no arrangements were made by the hospital for placing the person anywhere for such treatment. There have</p>	Very. We have a high number of committals in our county. We need a better solution for people to access emergency services. There are many dual committals due to substance issues	None. It is very rare for a jail inmate to go through the committal process. Our jail provides mental health services to inmates under contract with a provider. If the inmate’s defense attorney believes the inmate needs inpatient treatment, the defense attorney will seek a furlough or other release by filing a motion with the criminal court. The defense attorney must make any desired placement arrangements and any transfer from the jail to a treatment facility is done through the criminal case.	Currently the Iowa Department of Correctional Services is attempting to require the County to fund mental health treatment for inmates in its custody at the residential correctional facility. Funding mental health for felony inmates would bankrupt the County. The County is in litigation with DOCS over this issue in an administrative appeal with DIA. The County believes the Department of Corrections is trying to unlawfully shift these expenses to counties.

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	is present with an attorney, and the applicants are present with the County Attorney. The disposition of the case depends on the recommendations in the physician's report and how the person wants to proceed.				been instances in some of these cases where the evaluating hospital is unwilling to take the person back while the CPC then tries to find a placement. It is impossible for the attorneys and the judge to try to find a placement for an individual at the time of the hearing.			
Dickinson County	If a commitment proceeding occurs during regular business hours the applicant and affiant are directed to the local CPC office to complete the paperwork. The paperwork is then filed with the Clerk of Court's office and presented to a judge. The CPC then contacts Seasons Center triage department to have them assess the situation and assist in locating inpatient facility if needed. Seasons Center for Community Mental Health and the CPC work together to ensure that protocol is followed (see below). They ensure that clients without insurance are placed at a state facility whenever possible. When placement has been secured the judge completes the paperwork and the CPC makes sure that it is filed with the Clerk of Court, and that the Sheriff gets a copy of the paperwork if a transportation order has been included.	See question one. The CPC is also involved to assist with placement	The CPC works with Seasons Center for Community Mental Health to locate placement	It has been beneficial to have the CPC involved in the placement of individuals in our county. It helps the county to ensure that clients are being placed in facilities that are financially suitable for both the client and the county. Seasons Center for Community Mental Health assists in locating placement that is appropriate.	We recently have run into availability issues. The local state institution hasn't been available a few times as of recent and that has resulted for a person with no insurance to be placed locally costing them and the county more money.	The judge does a nice job. He has been great to work with both during regular business hours and after hours when he is called. He are fortunate to have the judge we do.	Our county has done some commitments out of the county jail. At those times, the judge has worked with the attorneys involved to handle the situation. The person is usually released from jail on the condition that they follow through with the treatment. In some cases they are brought back to jail, in some cases they are not. If services can be handled on an outpatient situation the services are brought to the jail, or the jail takes them to a local outpatient facility. The commitment is generally successful, but it isn't often that someone is committed out of jail. When possible services are brought to the jail.	There has been an increase in commitments among children. We continually hit road blocks trying to access other agency services for children. The other agencies find it much easier to do something with a child, if they are committed. It would be nice if services from other agencies, such as DHS, could be provided before the child is committed. But, with the changes of that system, the kids often end up in the mental health system before follow through of other agencies occurs.
Dubuque	Affidavits signed clerk of courts; Judge reviews &	Mercy Medical Center is our inpatient "preferred" provider	Mercy Medical Center is our inpatient "preferred"	Mercy Medical Center does a wonderful	No response	Very well to protect an individual and or others -	They are treated just as anyone else.	No, we work together very well.

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County	court orders wrote including Sheriff to transport to Mercy Medical Center in Dubuque for who the Dubuque County Board of Supervisors contract for inpatient services.	for inpatient mental health in Dubuque County. Consumers are transported to the ER of the hospital & staff contact the on call Judge for the 48 hr. holds.	provider for inpatient mental health in Dubuque County. Consumers are transported to the ER of the hospital & admitted upon court orders. If the inpatient beds are full they are retained in the safety of the ER (where medical professionals are readily available) & hospital staff find an empty bed elsewhere & notify the courts & sheriff of the need to transport.	job of maintaining the safety and care of consumers involved the commitment process.		truly a community safety net.	Data is not available but the commitment attempts are successful.	
Emmet County	During normal business hours of the Clerk of Court people present there to complete the paperwork for an involuntary commitment. After hours the on call magistrate/Judge is contacted for an order.	<p>For commitments that occur on a day when the Emmet County Courthouse is open for business and staff is available in the Mental Health Office, Mental Health staff will secure the bed for an individual and supply that information to the court personnel involved. In this instance if no staff are available, Court personnel should call our local mental health center triage staff for assistance in locating a bed.</p> <p>For commitments that occur after courthouse hours beds will be located by the on-call provider for Seasons.</p>	The CPC office and perhaps the Targeted Case Manager.	The hospitals with the mental health units, in our case (Spencer and Cherokee MHI) want lots of medical information as a part of determining if they will do the admission so it is probably best for the medical provider to make the calls since they have the information.	No beds being available especially for Juveniles. We are seeing very young children ages 5-8 being committed	Too willing. We are seeing individuals and children being committed for behavior and assault issues. Often times there is not real threat of suicide or an imminent danger to anyone else.	We do not have any problems in obtaining orders for inmates. I'd guess we may have 3 to 4 a year and it is not a problem.	<p>It is too easy to commit someone in Iowa. I see many commitments done under mental health when in reality the person has a substance abuse problem, but because the county does not have funds to pay for a substance abuse commitment the Magistrate will do a mental health commitment.</p> <p>We are seeing more and more juvenile commitments</p> <p>Lack of information from Clerk's office.</p>
Fayette County	During business hours the clerk of court handles commitments, after hours and weekends the Sheriff Dept. handles the commitments.	We normally don't do 48 hr. holds.	During business hours - when the initial paper is being completed -the clerks office will call and want this office to find a bed - after a bed has been found - the paperwork is taken to the judge to be reviewed and signed. After hours the Sheriff Dept. finds a bed.	Since the county is responsible for payment of all commitments, hospitalization, etc. - the counties should have some input as to what happens with the commitment. CPC has limited access to information, and not kept informed of the outcomes of the hearing. It would be nice if the State would take over the commitment	There some days that you have to call at least five hospitals to find a bed. Sometimes the sheriff has to transport across the State to a hospital. There is a shortage of beds to accommodate the need.	Most of the time individuals are committed. There are very few denials.	The jail does commit inmates to the hospital. Yes, the commitments have been successful.	The issue of court advocates - they are appointed by the judge, but the county has to pay for their wages. The county has no say as to what they do. The advocates have become case managers which the county already provides. Advocates don't keep us informed. It also seems that each district runs differently. You have

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				process along with financial responsibilities.				a court appointed attorney to attend the hearing, we are paying for two people to attend a hearing. We seem to have quite a few children commitments.
Floyd County	All counties receive applications for civil commitment at the Clerk's Office. Then the only difference is in Black Hawk County the Hospital Referee reviews the applications and issues the pickup order. The hearings are then held at the hospital. In Cerro Gordo County the Magistrates issue the initial order and then the Hospital Referee conducts the hearing at the hospital.	The clerk calls to see if a bed is available in one of the network hospitals or law enforcement takes the individual to the nearest hospital with a psychiatric unit.	The hospital	The hospital, of course our office facilitates the funding approval if needed.With three psychiatric units in our region IP beds having generally not been a problem to access. Occasionally they will be full and need to look outside the region.	Waiting lists for individuals needing an extended stay at a Mental Health Institute or exhibiting behavior too difficult for community providers to serve.	I assume they follow their interpretation of the law.	Our office is not involved other than to coordinate reimbursement for eligible individuals. I do not have information on number of jail inmate commitments.	The state institutions are difficult to access for individuals unsuccessful in community placement. Community providers assume considerable risk serving challenging clients.
Franklin County	The process is fairly informal. The respondent has an attorney and usually has the advocate present. The assistant county attorney is also there. One of my staff usually goes especially if we are looking at ongoing services. The magistrate receives a recommendation from the hospital and hears testimony from the respondent and makes a determination from there. Usually the magistrate goes along with the recommendation from the hospital. If ongoing services are needed for outpatient they may be committed to the Mental Health Center. If inpatient or residential is needed, they go back to the	The magistrate orders it and the sheriff takes the client to the hospital that we have designated in our management plan. This has not been an issue and if the hospital is full they take them to the next hospital on the list instead.	We are or the magistrate may send to the Mental Health Institute or the Mental Health Center for outpatient. We work with the magistrate on these issues.	I like the coordinated efforts that we have here now.	Hard to find placements for clients with behavioral issues or dual CMI and Mental Retardation issues. We have also had problems when someone comes out of corrections and no one wants to provide services to the client.	Very if they need to be committed. They are also willing to drop the commitment if it is recommended by the chief medical officer of the assigned provider.	This has not been an issue as we do not have a jail. This has not happened here that I am aware of. Franklin County does not have a jail and we have not had residents committed from jails in other counties.	Our mental health advocate is employed by a service provider for persons with mental illness and mental retardation full time and does this part time which is not allowed under Iowa Code 229.19. One of the clients who we did have on commitment was served by that provider and she was his advocate until the commitment was dropped recently. We pointed this out to the judicial branch and the local folks tried to remedy the situation but the folks in Des Moines did not have it changed and she is still our advocate.

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	hospital or an MHI and my office finds long term services for the individual.							
Fremont County	An involuntary commitment is initiated by affidavits from two persons who feel an individual is a danger to himself or others and filed with the Clerk of Court.	The Clerk of Court makes the contact to secure a bed at an MHI or in one of the two hospitals, Alegent Health and Jennie Edmundson Hospital that Fremont County contracts with for services.	Based on the physician's diagnosis and recommendation for placement, the Judge will make a ruling on the person's need for inpatient, outpatient, RCF, etc. and the Social Worker/Care Manager at the MH facility will secure placement for the individual.	The physician is in the best position to determine the individual's level of care needs and the facility/hospital social worker has knowledge of placement settings that could meet those needs, so together they would be able to find the appropriate placement.	I began as CPC in March and since that time, I have not experienced any placement issues.	During the 6 months I have been in this position, I have not experienced any concerns with their willingness to do commitments.	No experience with this	Not aware of any issues at this time.
Greene County	County attorney files with two witness statements indicating harm to self or others.	county attorney's office finds the placement and orders sheriff transport	Usually the hospital where the person was placed in 48 hour hold. Then sheriff is ordered to bring back for court. Then if commitment is continued the hospital determines the placement. The MH advocate gets involved here also. The CPC is notified and funding requested	The county attorney's and his/her designee should be responsible for finding a bed for consumer to be committed. The hospital should be responsible to determine most appropriate placement after 48 hr hold.	we have been able to find placements but sometimes it is after several phone calls and placement can be far away from the county	very willing if necessary	I haven't had any experience with this	The increase in commitments of children.
Grundy County	CPC office finds the bed. After hours the Sheriff finds the bed in most cases	Same as #1	The CPC Office	The process works good for us	Limited number of beds for inpatient treatment. We often have to make several calls to find a bed	I feel they are fair to the individual who the papers have been filed on.	If the jail is concerned about a person incarcerated, the committal papers are filed and processed accordingly. I can't say it's been an issue	None I can think of at this time.
Guthrie County	County Magistrate files after receiving necessary evidence	There is no clear designation of who finds placement. Sometimes the magistrate will make a few calls. Sometimes the CPC will be contacted to make these calls. Sometimes the MHC is involved and will make some calls. Sheriff will be ordered to transport. Sometimes the consumer is sent to the local hospital and hospital staff make the calls. Once the consumer is taken to the hospital they have to be	Usually the hospital where the person was placed in 48 hour hold. Then sheriff is ordered to bring back for court. Then if commitment is continued the hospital determines the placement. The MH advocate gets involved here also. The CPC is notified and funding requested	The county attorney's and his/her designee should be responsible for finding a bed for consumer to be committed. The hospital should be responsible to determine most appropriate placement after 48 hr hold	It has been a problem since no one is required to find the placement and no one has assumed this responsibility. CPC is willing to do it when available but I cover three counties and am not willing to be on call 24-7. The county attorney is not involved in commitments generally	Commitments are less often but if needed it isn't a problem to get a commitment.	I haven't had any experience with this	The increase in commitments of children

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		transported by ambulance to the placement.						
Hamilton County								
Hancock County	Pursuant to statute	Judge	Social worker contacts CPC, workers visit with social worker and find placement	Works very well for us	Sometimes Mercy is full, Allen hospital, impossible to get into MHI Consistency of psychiatrist would help	Willing to commit individuals as necessary, go with protection of person	Sure, works fine, just like any other person	Sure need more psychiatrist, see more children committals all of a sudden, don't know if that's really needed. We have a great mental health advocate in this area, involved in staffings, like an extension of our office Excellent relationship with clerks, judges, mental health advocate Hearings held at hospital, he's willing to go there We pay for judicial referee
Hardin County	Persons filing application and supporting affidavit do so at the Clerk of Court's office. The Clerk generally calls the CPC who goes up to CI of Crt office and meets with the applicants to get basic information about the person being committed. The Clerk contacts the Magistrate and the Magistrate does an order for immediate custody. The Clerk knows which hospitals the County contracts with and which are included in our County MHDD Plan so they contact the hospital to secure a bed. The Clerk then contacts the Sheriff to make arrangements for the person to be transported. Our Magistrate, Clerk of Court's Office, and CPC Office work well together.	Usually police take a person to the ER and the doctor on call contacts the Magistrate to request a 48 hour hold. Our local hospital has a psych unit so usually the person is placed at our local hospital. Again, if there is no opening at our local hospital, the Magistrate knows what other facilities are available in our area and will order them there.	The Clerk of Couirt's Office generally makes the arrangements for the bed, based on where the county will fund if needed. Once in a while the CPC assists in making contacts to find a bed.	I think our system works well. Counties and Clerks and Magistrates should work together to identify the "preferred providers" that the county is willing to fund. It should be the Clerk's job to make the contacts to the facility once the judge has ordered it.	The only problem we have had is in more and more situations beds are full and finding a place that can take someone.	Seem very willing, however, once in a while they do not see the imminent danger to self or others and so don't approve the commitment. Usually, however they do place them at least for an evaluation.	Our jail is quite willing to take someone to our local hospital for eval or treatment if they feel it is warranted. Often family members or friends will go to the Clerks office shortly after someone is incarcerated to file. Often they use this as a means to get a person out of jail. Often the criminal case will be reduced and they will be released to go to treatment if needed.	I think you should be concerned about the number of persons who are kept on ongoing outpatient commitments for long periods, sometimes for several years. I don't think doctors and others realize that they are to be used for immediate danger to self or others etc. Often they like to keep them on for "what if..." situations, which I don't think is the intent of the law and it could be a violation of their rights.

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	Once in a while there is an issue with finding an open bed so the CPC will help in making contacts to find a suitable bed.							
Harrison County	The commitment process usually begins at Clerk of Courts office after an affidavit is filed by two individuals on a person they feel is a danger to themselves or others. After it has been filed, the Magistrate reviews the information and decides whether or not the person meets the requirement to be committed	Clerk of Court	CPC	Clerk of Court should find hospital beds during business hours. If the person is then found to be seriously mentally impaired and in need of further treatment or residential treatment, I believe the CPC should be a part of that decision process.	It is very difficult at times to find beds especially for minors. My three counties have also seen an increase in hospitalization of young minors (4-10 years old). Once an adult has been found in need of involuntary residential care facilities (RCF) and they have serious mental health issues including behaviors/violence/sexual issues, it is very difficult to find placement for these individuals	I do think it is too easy to have someone committed in Iowa. I do not believe most magistrates have the training to determine if someone needs to be involuntary committed or not.	In my three counties, I am unaware of how many times it is necessary to have an inmate committed but if an inmate needs to be committed it is usually successful.	Increase in minor children being committed. Difficult to find hospital beds and/or residential care facilities (RCF) especially if the person has behaviors. We have also had some issues trying to get consumers who are living at RCFs off of a commitment even though they have been deemed “no longer a danger to themselves or others”. In these cases, we usually try to work with the RCF, psychiatrist and Magistrate to at least find the least restrictive residential setting for the consumer
Henry County	During 8-4:30 Monday-Friday time frame the family, treatment provider or emergency department at the hospital file a commitment at the clerk of court office. They provide us the information and the CPC office locates a bed.	48 hour holds only happen after hours in our county and the emergency department at the hospital finds the bed	The evaluating hospital has made ongoing treatment arrangements either remaining at the hospital, residential placement or outpatient mental health treatment.	According to the Iowa Code no one is responsible for locating a bed at the time an initial petition is filed. Since this is a court issue the court system should handle finding the placement for the initial evaluation. We find beds in Henry County so we can start a file and gather basic information and know what is going on for funding purposes. As far as treatment after evaluation I think that that should be the treating hospital in consultation with the CPC who is going to be providing on going funding.	There are not enough acute care beds in this state to provide prompt admission in the general area where the person lives. When SE Iowa has to send people to Des Moines and further that is unreasonable, but what the system offers currently. People who clearly only have substance abuse treatment issues are being committed under mental and substance abuse codes.	Our judges have signed commitments that have been hard to find beds for because the hospitals do not see the person meets criteria even with a signed order. We have about 35-40 commitments yearly through Henry County.	There have been a few of those The jail has maybe filed 2-3 times in the 8 years I have done this job and they have been signed off on by a judge.	Not enough beds for the five day holds, we need to look at options of outpatient evaluations prior to an order being signed by a judge- a sheriff transporting someone to an outpatient eval may be the wakeup call they need to cooperate with voluntary treatment and then if they need a hospital placement we have more clinical data for the admitting hospital, not enough psychiatrist to serve patients, substance abuse issues should not be filed under a mental commitment, magistrates should not be signing orders to pay attorney fees at an amount higher than the Iowa Code allows.

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Howard County	The magistrate does the order after the sheriff's department or hospital has found a bed.	The sheriff's department or hospital depending on where access started.	The hospital social worker, possibly case management or the CPC.	Our county has agreed to the above after running into some issues. This process was just implemented.	It is hard to find a bed...we have also had problems with the magistrate ordering a placement to a different hospital after the doctor followed the EMPTALA process...we have had meeting and the magistrate knows he must write the order to wherever the individual has been accepted.	Very willing	I have no experience	Why is the CPC responsible for paying for this process...I think it should be paid for by the judicial branch...we could pay once the individual needs mental health counseling...I do not feel we should pay for the advocate, sheriff's transportation, legal fees or the committal itself since all of this is judicial not a CPC function.
Humboldt County	<p>The Humboldt County Clerk of Court will notify the Humboldt County Community Services Office at the time application is being made for commitment. CPC staff will be sent to the Clerk of Court office within 30 minutes of the request to assist with the completion of a CPC Application.</p> <p>On weekends or after regular working hours, if a commitment is ordered, the CPC must be notified the morning of the next working day and the consumer or their representative must file a CPC application.</p> <p>The Magistrate may also call the CPC at home or at cell phone on evenings or weekends if needed.</p> <p>If probable cause exists to indicate that the respondent is seriously mentally impaired and likely to injure him or</p>	The Magistrate arranges placement for a 48 hr. hold.	The Magistrate, often with input from the CPC, contacts facility for placement from our list of providers.	The system we have in Humboldt County seems to be working well.	Trinity Regional Hospital in Fort Dodge closed its Psychiatric Unit, and we now have to place individuals much further away, and where ever a bed is available. This has also led to increased Sheriff Transportation cost and time.	Our Magistrate generally commits most of the individuals that have been filed upon.	<p>We work closely with the County Law Enforcement, and have worked with them on committments from the county jail.</p> <p>Only occasionally, but committments have been done when needed.</p>	We have seen a large increase in committments for children under the age of 18 filed under Chapter 229.

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	herself, or is in need of substance abuse treatment, the Humboldt County Magistrate will generally then contact the network provider regarding the commitment and arrange for admission, and an order is then issued for transportation by the Humboldt County Sheriff's office.							
Ida County	The person presents at the clerks office and the magistrate handles the commitment	The magistrate or clerk	The clerk or magistrate	The courts	There are often no beds available. The judge won't process the commitment unless a bed is available. Law Enforcement doesn't recognize their ability to utilize a hold. Hospitals are inconsistent in their commitment acceptance process. Often times counties don't have enough information to process claims related to the commitment. (ie SS#, DOB etc.)	Judges/magistrates are often inconsistent and can be more difficult to work with if no bed available or options available are further away from home.	CPC is not involved in commitments from the jail.	Some counties do not have Mental Health Advocates and persons are not receiving quality advocacy services from attorneys. There is no incentive to change this. No real guidance on how Mental Health Advocates are to be paid, no direct line supervisor for the advocate and no consistency between counties.
Iowa County	Concerned party shares information with the Clerk of Court	County contracts with the local hospital - \$100.00/bed find	County contracts with the local hospital - \$100.00/bed find	The Clerk of Court	Beds not available. Last commitment was hospitalized 200 miles from her home where she had wonderful natural supports and a very involved psychiatrist.	They commit appropriately	Has not occurred	They are too numerous for this survey, perhaps you could visit the CPC Regional meetings and have this discussion.
Jackson County	The Clerk of Court's Office explains the process to people who are asking to file commitment papers. Once the papers are filed they are reviewed by the on-call magistrate in Jackson County (there are two magistrates in the county). If it is a juvenile it needs to be faxed to a district court judge in another county, unless	Generally the 48 hr hold originates out of the local emergency room (there are no inpatient beds within Jackson County) so the placement is arranged by the ER staff.	Most often this is determined prior to the actual hearing. Usually it involves the CPC, prior to the hearing, contacting the hospital doing the evaluation and working with that hospital to identify where the placement would be.	In Jackson County this system seems to work okay.	Lack of available beds	Very willing. On several occasions during the past three years they have ordered an outpatient evaluation rather than ordering an immediate pick up. There is a program available, STEP-IN, for crisis intervention for minors as an alternative to a commitment. On several occasions the judge has referred the	No experience	Increase in the number of 48 hour holds in the past year. If there were more emergency services available to assist during a mental health crisis it might reduce the frequency of that type of response to a crisis situation. Also, there have been occasions where a DHS social worker has referred a family to the Courthouse to file

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	there happens to be a judge in the Courthouse – which is generally only a few days a month. If an immediate pick up is ordered, the Clerk’s Office makes the first call to locate a bed. If they have difficulty finding a bed, they will usually ask the CPC for assistance. Typically the Clerk will ask for other hospitals to call, or in some more difficult situations might ask the CPC to make a call for a bed.					petitioners/family to that program rather than ordering a commitment. There has been a few times that the request for a commitment was denied by the judge/magistrate		commitment papers, when there might have been a less restrictive, costly option if someone had taken some time to work with the family.
Jasper County	Pursuant to statute	If the individual has presented at the local hospital, the hospital staff finds the bed. If not then the Clerk of Court will assist those with private insurance and T-19. If not insured or the CPC office assists.	The hospital making the referral along with our Social worker	The local hospitals must comply with EMTALA so if an individual presents at the hospital the placement should be found there. Other wise Clerk of Court.	Our advocate feels that individual’s rights may be violated because often emergency holds occur even if the individual agrees to go voluntarily.	Very willing	Varied. I believe the magistrates scrutinize each case to determine if the danger to self or other exists in that setting.	

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Jefferson County	When 2 people present at the Clerk's office, I am called (if I am here) to assist so that IF it is a commitment, appropriate placement planning may begin with my CPC office.	48 hour holds mostly occur in the evenings and weekends. Individuals are taken to our local emergency room. Staff at ER locate most of the placements. Most recently, they have exhausted their search and contact me at night or weekends after 12 or so hospitals have been contacted.	During the week, my office is primarily responsible, though the Board of Supervisors have indicated that the county should not be the sole entity responsible for placements. If a person is being treated at our local MCH, they are required by our county contract to find placement. When I have been away, such as overnight conferences in Des Moines, there have been times when the sheriff's department has been instructed to take a person to the emergency room so they can find placement, and other times when minor violations have occurred or other criminal activity, that the magistrate has entered an order for a person to be detained on those charges at our law enforcement center.	There are times that our Clerk of Court's office should locate placement. I don't mind be involved, but my office is very short of staff and my time is stretched beyond capacity now.	Please see answers to # 1 and # 3. Additionally, having both I and my secretary make phone calls for 8 hours straight (total 16 hours) and still not find placement is a problem. Lack of cooperation from the hospitals we call. For instance, wanting "clinical" that we don't have because we are not a doctor's office nor hospital. Being limited in what we know about a person and the need for commitment, i.e. can only read what is on the papers for the commitment. We have no medical or psychiatric history.	It is my opinion that they need clear information presented by the two individuals presenting the information that describes how a person is clearly a "danger to self or others". If it is not there, commitment does not happen.	It happens in rare occasions. For example, a young female was picked up on possession. She did not want to be in jail, so she screamed at the correctional officers that she was suicidal. When they didn't take her seriously, she bashed her forehead into a sink and knocked herself out and also split open the skin requiring stitches. She ended up on a commitment	No
Johnson County	The Clerk of Court handles the initial filing per the UIHC or from their office per walk ins. The EH Order is then faxed to the commitment designee at -- who follows up with the clients regarding a preliminary legal settlement determination and completion of a short-form CPC application. Once a determination of legal settlement is made, this information is provided to the responsible county. The client will undergo evaluation/treatment until the court hearing.	The Clerk of Court is responsible for placement when a psych bed is available at the UIHC. If a psych bed is not available at the UIHC, then it becomes the responsibility of the commitment designee to locate placement for the client. Once placement is located, the CPC is notified and they follow up with the necessary transportation arrangements for the client to the available hospital.	The County MH/DS Department will attempt to locate an appropriate facility for on-going treatment needs if the person qualifies for funding based on the County Services Management Plan.	The courts and/or judge should be responsible for locating an open psychiatric bed once they determine an individual is in need of involuntary hospitalization. This may lead to a fewer involuntary hospitalizations for clients that could be referred to outpatient treatment on an emergency basis. The County MH/DS should continue to make placements following the hearing for those who qualify for the Services Management Plan. For those who do not qualify,	There have been a number of situations where a psychiatric bed is not available in our County or any of the surrounding counties and clients have to be transported 2 hours to the nearest hospital or they are not placed until the next day when a psych bed becomes available. In addition, many clients come from the surrounding states and this leads to additional financial stressors for our County when the individual is court committed as they are not considered SPP cases and	Judges are willing to commit individuals; sometimes with little hesitation or consideration for alternative options for treatment.	We do not work with jail commitments.	The increasing number of involuntary hospitalizations for clients age 65 and older. Many of these clients have medical issues and/or behavioral issues and come under commitment merely due to their inability and/or decision not to follow through with treatment for medical conditions or for their behaviors. There should be other alternatives for clients of this nature, rather than to be committed and required to remain in the hospital. Many of these clients could

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				the Court should be responsible for making placements.	their expenses are not reimbursable by the State.			be treated in a nursing home facility or at home with a nurse aid. In addition, dementia has become a major factor in the ability for some clients to take care of themselves in their homes. There need to be alternatives available for these clients, other than committing them to a hospital prior to transferring them to a nursing facility, etc. Oftentimes, the recommendation coming out of a hospitalization for treatment is to refer the patient on to the geriatric unit at Clarinda. Additionally, an increase in juvenile commitments because the children are not provided services by the Department of Human Services in a timely manner.
Jones County	Two people with first hand knowledge of the situation go to the Clerk of Court and file papers stating the reasons that they feel the person involved is an immediate danger to themselves or others. The Clerk of Court notifies the CPC so she can work with the people to complete as much of a CPC application as possible. The Clerk of Court then notifies the Magistrate and sends him the paperwork. The Magistrate then decides if there is enough reason to have the person detained for a hearing.	The Clerk of Court finds the hospital bed if it is during working hours. The Sheriff's Department finds the bed if it is an emergency after hours.	The hospital Social Worker in conjunction with the CPC works to find placement.	We feel that this system works very well at this time for us. We have worked hard to make sure it proceeds smoothly.	We are lucky to live close to a County with 2 hospitals with psychiatric units. It is rare for us to have to place someone further away because of lack of bed space Placement issues for treatment : individuals with any type of history of physical or verbal aggression, persons on the Sex Offender list , teenagers, and dally diagnosed persons.	They seem to follow the Doctors recommendations almost without exception.	This has happened on a few occasions. It usually involves someone who refuses to take their medication. I am not sure this is a good reason for committal. It happens very rarely but to my knowledge the commitment attempt has always been successful.	The biggest problem that we have is that the officers who take the person to the hospital are forced to wait until that person is processed. This can take hours and hours and places the person in a busy waiting room as well as wasting the officer's time. In a small community it compromises the Sheriff's department by taking the officer out of the County and drastically reducing the department's ability to respond to other emergencies.
Keokuk County	Committals are initiated in the Clerk of Court's office during working hours.	Since 48 hour holds only occur in our county during off-hours, weekend, or	The hospital Social Worker and/or Discharge staff consults with the	A collaborative effort between the county and the Clerk's office/Judicial	Clerk's office excusing themselves of responsibility;	In my experience, local judges are willing to sign anything in these	In my opinion, our local sheriff's office and most others surrounding our	Clerk's office refuses to assist with placements. Too many times I have

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	During non-working hours, weekends, or holidays; usually the first contact begins with either local law enforcement or at the local ER or both. The law officer and/or the ER staff contact the local judge to get an order for a 48 hour hold.	holidays; the hospital accepting the individual will find placement beyond the 48 hour hold if they need to remain inpatient beyond that time period. In 99% of the cases, the hospital retaining the individual for the 48 hour hold keeps the individual up to the 5 day hearing. If they can't do so, they would consult with the county CPC for another appropriate placement. I have never had a hospital send an individual to another hospital after the 48 hour hold time period if they recommended they need more evaluation time	county CPC and/or other appropriate persons involved for options and alternatives. Sometimes that option is RCF, PMI, MHI, or continued stay at that hospital. It depends on what the evaluating physician(s) recommends	system.	hospital beds are becoming fewer and fewer. Hospitals with inpatient units are closing rapidly and sometimes it can take anywhere from 5-8 hours to find one placement willing to accept the individual. Often times, I call anywhere between 5-8 hospitals before finding a placement willing to accept	regards if it's presented to them if it makes it to their desk. They would much rather sign the order than have the possibility of someone harming themselves or others.	county does not wish to have individuals with any perceived or real mental impairments in their custody. They typically pursue committal soon after taking into custody or they will take them directly to the ER or contact the Clerk's office/Judge for committal at first contact and avoid any jail time or charges all together. They do not want the liability and/or the cost of maintaining such an inmate. If they seek treatment for an individual while still in custody, they are financially responsible for that care. Criminal charges have been dropped more often than not in order to facilitate committal quicker for the inmate. This happens 1-2 times per year at the most. The committals themselves and getting those done is the easy part. The only real difficulty is finding placement for the individual as I have mentioned above. That's the only real problem in any committal case due to the shortage of placements and psychiatrists in this state.	spent all day on the phone to find a placement due to lack of beds. The crisis is attributable to bed shortages, shortages of psychiatrists and/or those trained in the area, and utter lack of cooperation from the judicial/Clerk's offices to assist Suggestions include: allowing more leniency and encouraging outpatient evaluations rather than immediate custody to a hospital,
Kossuth County	Persons file an application/affidavit at the courthouse or an emergency 48 hour hold is initiated at our ER. Our office is available to answer questions when called.	The judge or magistrate. At times the magistrate/judge will confer with the CPC if he is needing assistance locating a bed or for clarification regarding our local protocol.	The hospital social workers where the person is placed typically coordinate with our county to identify placement for treatment	The above has worked well for us in most cases	Our local ER Dr have had Unit staff of inpatient psychiatric treatments vary their referral practices,. Lack of beds requiring extensive travel. The need for inpatient because outpatient care in limited	If they present they go	We had high occurrences, however they have reviewed these more closely and made sure the elements of commitment are met and return them to jail so that it not a means of release.. When it doesn't release an inmate the applicants aren't as willing to file	The advocate process does not appear to have outcomes and can be a duplication of services.

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Lee County	The necessary paperwork is completed in regards to the request for an involuntary committal. The clerk of courts accepts this paperwork upon its completion in entirety and there is a known funding source and placement for the individual. It is then passed to the judge for the order. Individuals can also present at the local ER (Keokuk Area Hospital) for psych placement. The ER determines eligibility for placement as well as whether to pursue a 48 hour hold and/or involuntary committal. The psych unit will then work to secure any long term treatment need placements under the existing court order.	The clerk of courts is responsible for placement during normal work hours, otherwise, Keokuk Area Hospital is responsible for placement.	If a mental health professional makes that determination they can facilitate the initiation of the involuntary process as described in #1. If the determination is made in the hospital, the hospital proceeds with the involuntary process and will seek out placement for treatment on behalf of the individual. If it is a family member or other non professional person then the clerk of court during regular working hours, or the hospital after hours based on how the individual presents and the results of clinical assessment.	The clerk of court should be responsible for placement of involuntary committals that occur during regular work hours. They have access to the documentation of the individual initially as well as the judge's order. After hours, it should be a mental health professional/social worker that assists in finding placement. They have first hand knowledge of the individual and their needs, are staffed 24/7, and have access to state wide resources to find the needed placement.	The availability of psych beds. Individuals are transported either by sheriff or ambulance, based on their need, for hour long journeys to get to an opening. Another problem becoming more prominent is the use of psych beds to house substance users. This population continually encroaches on mental health services. DPH should be responsible for inpatient substance treatment in local hospitals and at MHI.	Local judges are very willing to commit individuals. However, there is a checks and balances in the system, because funding and placement is generally secured prior to being presented to the judges unless it is an emergency placement.	Very rarely is the CPC office involved in the commitment process for a county jail inmate. On occasion I am contacted by the defense attorney to secure funding. Hospital level of care must be indicated by a medical professional in order for the committal to be approved. Many times there is a move to facilitate hospital level of treatment on behalf of the individual and count that time as time served. frequency of county jail inmate committals is increasing. Most frequently, these requests are stemming from individuals that are in county jail due to probation violations. This seems to be a DOC issue that has encroached on the county funded jail system. Once in jail, there is a push to get the inmate treatment which should have been occurring as a stipulation of the probation.	DHS should assume complete responsibility for MHI committals and allow the counties to manage involuntary community based hospitalizations/treatment. DPH should be completely responsible of all exclusively substance use issues. DPH and the county system should share the responsibility of co-occurring (substance/mental health) cases. The DOC should have some level of responsibility for individuals under their jurisdiction. The jails need to have access to quality community based service providers to provide treatment in the jails without resorting to the more restrictive placement in a treatment facility/hospital. Education for all parties mentioned above including the judicial system and its supporting staff is needed
Linn County	A Witness and Applicant goes to the Clerk of Court office to file a petition and complete our PC application. From there it goes to the Judicial Referee, he determines if it is a Substance Abuse or Mental.	A 48 hr hold is usually initiated on the week-end or after hours by the hospital.	<p>If the respondent requires acute care, the person stays in the local hospital or whatever hospital admitted the person.</p> <p>If the respondent requires treatment in an RCF or other 24 hour supervised facility, the hospital social worker is responsible for finding the placement in coordination with the CPC.</p> <p>If the respondent requires</p>	The Code clearly makes the Court responsible for identifying and arranging for the facility which would hold an individual prior to the hearing. The Court would likely assign this duty to the Clerk of Court. The CPC is responsible for providing the court with a list of designated facilities, i.e. facilities that are approved by and have a contract with a county. The commitment process is a	Lack of acute care beds. Because local hospitals have been losing money on psychiatric services, because there is a shortage of psychiatrists, and because Medicaid makes it so difficult for hospitals to get paid, several hospitals have closed their psychiatric units. The state institutions have also reduced their capacity and are most often not a resource for	Linn County pays a Judicial Referee who has many years of experience in sorting out who needs to be committed and who doesn't.	Our jail administrator does not like to do commitments and prefers just taking the person to the hospital. Since we have a "Voluntary Hospitalization" fund, we pay for this assessment for up to 7 days. However, as county budgets are being reduced, we might have to eliminate this fund, and then sparks will fly again	<p>I believe this problem will get worse unless counties are funded better in the future. We pay for a lot of non-mandated services that help keep people stable. If we are not provided with sufficient funding by the State, we will have to eliminate these non-mandated services. That will result in more hospitalizations.</p> <p>We also need to clarify</p>

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			outpatient commitment, the hospital social worker makes the referrals to the outpatient provider and secures funding from the CPC if the patient is uninsured/indigent.	court process, and the only CPC involvement is to approve payment.	people needing acute care. Sheriff unwilling to transport out of county			issues related to Mental Health Advocates.
Louisa County	Individuals present at the clerk of court's office during normal business hours, and at the sheriff's office after-hours and weekends. Staff at these locations handle the process, such as obtaining the necessary paperwork/affidavits. Sometimes the Clerk's office will refer the individual to the County Attorney's office and to the CPC office for more communication.	I think the placement has already been found if there is an order. Someone is finding a bed and making a recommendation, and then the order is written? Here in Louisa County, the clerk of court's office provides information to the individuals regarding placement options, which sometimes is difficult if the people are not able to make these contacts and communicate effectively with a hospital. In the past, the magistrate has made calls to secure a hospital bed; occasionally the CPC is called to assist if there is difficulty in finding a bed. The CPC office has provided an informational/reference sheet to the magistrate, Clerk's office and sheriff's office regarding hospital contact information, Magellan contact information for substance abuse commitments for juveniles or adults; and for juvenile mental health issues; and mental health center information for court-ordered evaluations and pre-screens for voluntary hospitalizations. In the past, the Clerk's office and the CPC office worked together on placements until the Clerk's office received orders from their	Assuming the individual is in the hospital, the hospital social worker would be instrumental in coordinating placement/discharge planning, and sometimes the CPC is called to assist.	I think it is important to involve Magellan when appropriate, such as for substance abuse commitments and mental health for juveniles. I think DHS should be involved in issues related to children/juveniles. I asked our magistrate this question, and he feels it should be the CPC because he considers the CPC "most knowledgeable" about the service options and the contractual arrangements with service providers, as well as the funding issues. The patient advocate would also be a resource once the advocate is appointed.	Finding appropriate bed space, as there is a lack of availability of hospital beds in our area. There is no hospital in our county, so if there are no beds available at UIHC in Iowa City, it can take some time to find a vacancy.	It seems that our magistrate does what needs to be done based on the individual meeting the criteria of "danger to self or others". Our magistrate has ordered outpatient evaluations in the past, as appropriate, which seems very sensible and least restrictive.	Limited, but I am aware of a couple instances in the past when a commitment was dropped, as the person was in jail and was not in a position to be a danger to others.	It seems highly inappropriate for children to be committed under 229 rather than determined to be a Child in Need of Assistance. DHS should be involved in these situations involving children, and these children and families should be helped in the child welfare system rather than the adult mental health system.

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Lucas County	When an application is filed with the clerk of court in Lucas County the magistrate reviews it then issues an emergency pick up order. The Sheriff or Deputy then locates the person and transports them to our local emergency room where an evaluation is completed by a licensed mental health professional to determine the necessity for a 48 hour hold and communicates this to the magistrate. The magistrate makes his decision based on the evaluation and if the client meets the statutory requirements. Anyone presenting to the emergency room or counseling services in crisis is given the same consideration and attention.	administrators not to. The therapist completing the evaluation with the cooperation of the emergency room staff and doctors. The CPC helps if needed.	The social worker at the facility making the recommendation. Again, the CPC helps as needed.	The process works just as it is	Lack of beds	We work as a team to make sure the individual and those around him/her are safe. Our magistrate is willing to consider the recommendation of the therapist as well as the statements of the applicants prior to making the decision. He is willing to take the action that is needed at the time.	The same process is used as above. To my knowledge this has never been an issue. 2-3 times a year	
Lyon County	Papers are filed and our local mental health center is called to accept individual and find placement.	Contracted Mental Health Center Triage coordinated with CPC	Contracted Mental Health Center Triage coordinated with CPC	Same as above.	Have had problems with everyone using the same procedure, but a couple of phone calls usually corrects any problems.	If there is proof of need, no problem	Many hospitals or MHI's can't or won't take because of crime committed. Haven't had any in the last couple of years, so not an issue	Not enough beds for placement at the MHI's
Madison County								
Mahaska County	During regular business hours the person is usually taken to the mental health center to be evaluated by a therapist/counselor/doctor. If the professional staff believes the individual is indeed a danger to self or others, the professional staff contacts the Clerk of Court to begin the	Hospital staff will find placement in the event of a 48 hour hold.	If the treating physician's recommendation is for residential placement, hospital staff will contact me and we will consult on appropriate placement and/or bed availability and funding availability. Hospital staff then refer the committed person to the residential facility.	I think it is in the best interest of the person being placed if the individual recommending placement secures the bed because the one making the recommendation knows the reasons for the recommendation.	the commitment process in this county goes quite smoothly	Based on the number of commitments occurring, I have reason to believe they are quite willing.	If a county jail inmate is in need of commitment, jail staff make the application to the court. On occasion there is an inmate who has family that believes the inmate needs treatment usually for substance abuse over jail time and will attempt to get the inmate committed.	None

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	application process. After hours the individual is taken to the emergency room of the hospital. On occasion, 2 people will go straight to the clerk's office to file on a 3 rd person.						I am not aware that there are many commitments from the jail. If the judge is convinced that the inmate is a danger to self or others in the jail, the judge will sign the papers. Again I believe there are family members of inmates who believe treatment is better than jail.	
Marion County	When a petitioner wishes to file a commitment (either substance or mental) his /her first stop is at my office. The Clerk will not even talk to a petitioner until I have secured a bed for the respondent. Once I have secured the bed, the petitioner fills out the paperwork for the judge to sign. When the judge has signed the affidavits, the Sheriff's office is notified and the respondent is picked up and transported to the hospital.	48 hour holds are used in after hours, holiday or weekend situations. The MD or mental health professional who determines the need for hospitalization usually finds placement. However, there are times when I am called to find placement.	CPC	Not the CPC. I fly solo in my office and there are times when I spend 3-4 hours trying to find placement.	Not enough mental health beds available. Location of hospital too far away, thus greatly increasing transportation costs, and being very inconvenient for families.	Very willing	This depends on the situation. Sometimes obtaining orders is quite easy (especially if the inmate is a "problem" , a pregnant female, etc.) At other times, it is virtually impossible to get an order until the legal charges have been resolved.	I don't think that the CPC should be the billing agent for the Sheriff's office and the Clerk of Court.
Marshall County	For the 48 Hr. Emergency commitments most go through the local hospital emergency room but we do not have a psychiatric unit so they are transferred to other hospitals. They make the contact with the magistrate on duty. For the 229 application they are generated either through our local hospital social workers or through our local mental health center or by family/friends filing papers in the clerk of court office. Our local hospital works very well with us.	The majority of them are placed through our local hospital using protocol from the CPC regarding contracted hospitals.	The placement for the evaluation is done by either the hospital if they are filing the papers with help from this office on difficult to place or unusual situations or by our office. At the time of the hearing the hospital has usually recommended placement for outpatient or if the recommendation is residential, our office is involved.	The CPC office needs to be involved if there is payment being requested.	Lack of psychiatric beds	Very willing, we see very few denied. We also have MANY (100+) of people on outpatient commitment. Very few commitments are terminated at the hearing or after a period of outpatient treatment	We do not have many of these requests. They have nursing at our jail. I do recall one time the family filed on a person in jail and it was denied I believe.	The Clerk of Court does not share information with our office but then needs us to find a bed which is hard to do when we don't know any of the information of what is going on with the person that needs placed. We don't get reports that tell us what the result of hearings were as to if the person remains on commitment or if the commitment was denied at the hearing etc. We get attorney bills and sheriff transport bills for cases that we had no knowledge of and we need our State required minimum data set to pay

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								bills on individuals. More communication would be very helpful between the CPC office and the Clerk of Court.
Mills County	the person contacts the Clerk of Court and/or Magistrate	the Magistrate has done this	We have only a couple of options, so it is not usually an issue of who will serve the client.	I would hope that the Magistrate would continue to perform this function as it has worked well in my two counties and the court and this office have an excellent working relationship.	Mostly issues with placement for substance abuse clients, not mental illness clients.	Pretty easy to commit, although it does appear that the court is looking for more concrete information prior to commitment.	I would not be involved. The jail contacts the court for any orders. I do not remember more than one attempt and it was successful.	A comprehensive study of whether the Mental Health Advocate continues to be a viable service. Many clients who have ongoing outpatient commitments are persons with chronic mental illness. Those clients often have either a case manager or someone at Magellan who is following them, there is no specific system for supervision of the advocate. It appears in most instances that the advocate submits the bill to the judge who signs it and sends it to the county to pay. Cooperative advocates give the county information on who they have seen and why, but some feel that they are independent of the county and therefore do not need to supply even basic information that would identify the client. This makes paying for the service a more labor intensive piece for the county CPC. Since the counties are responsible for IPERS on these individuals, CPCs need to feel comfortable about submitting payment claims to the county auditors who expect that we have the information to back up the claim.

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								This whole system is broken and would be better served if the Mental Health Advocates were switched to the court system to better align commitment procedures.
Mitchell County	All counties receive applications for civil commitment at the Clerk's Office. Then the only difference is in Black Hawk County the Hospital Referee reviews the applications and issues the pickup order. The hearings are then held at the hospital. In Cerro Gordo County the Magistrates issue the initial order and then the Hospital Referee conducts the hearing at the hospital.	The clerk calls to see if a bed is available in one of the network hospitals or law enforcement takes the individual to the nearest hospital with a psychiatric unit.	The hospital	The hospital, of course our office facilitates the funding approval if needed.With three psychiatric units in our region IP beds having generally not been a problem to access. Occasionally they will be full and need to look outside the region.	Waiting lists for individuals needing an extended stay at a Mental Health Institute or exhibiting behavior too difficult for community providers to serve.	I assume they follow their interpretation of the law.	Our office is not involved other than to coordinate reimbursement for eligible individuals. I do not have information on number of jail inmate commitments.	The state institutions are difficult to access for individuals unsuccessful in community placement. Community providers assume considerable risk serving challenging clients.
Monona County	Thecommitment process usually begins at Clerk of Courts office after an affidavit is filed by two individuals on a person they feel is a danger to themselves or others. The Magistrate reviews the information and decides whether or not the person meets the requirement to be committed. If the person shows up at the mental health center or the emergency room after 4:30 p.m. or on the weekends, then the mental health professional or the physician on call determines if the persons needs to be hospitalized and finds the bed. That physician or mental health professional then files the	CPC	The CPC	I believe the Clerk of Court should find hospital beds during business hours. If the person is then found to be seriously mentally impaired and in need of further treatment or residential treatment, I believe the CPC should be a part of that decision process.	It is very difficult at times to find beds especially for minors. Increase in hospitalization of young minors (4-10 years old). Adult placement issues: those found in need of involuntary residential care facilities (RCF) and they have serious mental health issues including behaviors/violence/sexual issues.	Too easy to have someone committed. Most magistrates lack the training to determine if someone needs to be involuntary committed or not	I am unaware of how many times it is necessary to have an inmate committed but if an inmate needs to be committed it is usually successful.	Increase in minor children being committed. At times, it is difficult to find hospital beds and/or residential care facilities (RCF) especially if the person has behaviors. Issues trying to get consumers who are living at RCFs off of a commitment even though they have been deemed "no longer a danger to themselves or others". In these cases, we usually try to work with the RCF, psychiatrist and Magistrate to at least find the least restrictive residential setting for the consumer.

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	229 with the Clerk of Court the next following business day.							
Monroe County	Once they are filed in the Clerk's office the CPC is contacted to attempt to find an available bed.	The CPC	I'm not sure on this one – the doctor possibly	A doctor they are much more qualified to answer the questions that are asked when looking for a bed. Someone with a medical background should be placing these individuals – Usually I don't have enough information about them to know what is going on only what is listed & described in the Application for order of involuntary hospitalization.	Lack of beds	Too willing sometimes	I haven't had to deal with this yet	I'll let you know if I think of anything.
Montgomery County	the person contacts the Clerk of Court and/or Magistrate	the Magistrate has done this	Determination of ongoing services is made at the court hearing. In both counties, we have only a couple of options, so it is not usually an issue of who will serve the client.	I would hope that the Magistrate would continue to perform this function as it has worked well in my two counties and the court and this office have an excellent working relationship.	Mostly issues with placement for substance abuse clients, not mental illness clients.	Pretty easy to commit, although it does appear that the court is looking for more concrete information prior to commitment.	I would not be involved. The jail contacts the court for any orders. I can only remember a couple of cases and it was successful	A comprehensive study of whether the Mental Health Advocate continues to be a viable service. Many clients who have ongoing outpatient commitments are persons with chronic mental illness. Those clients often have either a case manager or someone at Magellan who is following them. I question whether they need another individual involved with the client. When the advocate is involved, there is no specific system for supervision of the advocate. It appears in most instances that the advocate submits the bill to the judge who signs it and sends it to the county to pay. Cooperative advocates give the county information on who they have seen and why, but some feel that they are

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								independent of the county and therefore do not need to supply even basic information that would identify the client. This makes paying for the service a more labor intensive piece for the county CPC. Since the counties are responsible for IPERS on these individuals, CPCs need to feel comfortable about submitting payment claims to the county auditors who expect that we have the information to back up the claim. Mental Health Advocates should be switched to the court system to better align commitment procedures.
Muscatine County	Papers filed with clerk, takes it to judge, judge decides, CPC gets called, gets order and info,	CPC	CPC	We have been doing for long time, we have best handle on it, CPC	available beds, not enough	great working relationship with magistrates, share advocate with Scott and Cedar co, very willing to commitment, if show not necessary will be do outpatient more training	working on one right now, jails also need training, behavior issue or mental health, no trouble getting orders, education is key, we do case management, get daily census, who goes into jail, we call and offer help to jail successful, when we need one, we get it	Doubled amt of commitments this year over last year. Why? Substance abuse – they know they can get more services on MH side so file under both substance abuse and mental health. always about communication, state sets the bar and we implement but we need money
O'Brien County								
Osceola County	Papers are filed and our local mental health center is called to accept individual and find placement.	Contracted Mental Health Center Triage coordinated with CPC	Contracted Mental Health Center Triage coordinated with CPC	Same as above.	Have had problems with everyone using the same procedure, but a couple of phone calls usually corrects any problems.	If there is proof of need, no problem	Many hospitals or MHI's can't or won't take because of crime committed. Haven't had any in the last couple of years, so not an issue	Not enough beds for placement at the MHI's
Page County	Magistrate handle pursuant to code	Clerk unless after hours then Judge	No clear cut procedure, MHI, social worker from there, issues with	Social worker from facility	Lack of communication	Willing, too willing in two areas – elderly and children/adolescents,	No problem, almost always successful Was 3-4 month now it's 1	Lack of funds, lack of communication Upset at treatment center,

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			communication, judge will commit not considering funding, only place in RCF if coming out of MHI, court ordered person, placed 3 times, he's run each time, wastes money, don't talk to me first, lack of communication Social worker from facility			behavior rather than MI I don't want to deal with mom or dad anymore	or 2 per month.	put him in geri unit, none of nursing homes will take him due to no Medicare or Medicaid. Very expensive
Palo Alto County	The application and supporting application is taken care of through our county attorney's office. The county attorney then contacts the CPC to find out where I wish the committed individual to go. The county attorney finds placement for the individual and then takes care of the paperwork and contacts the judge to sign the order.	The county attorney	The county attorney	I think the way our county is taking care of commitments is going fine.	Finding beds available at the State Institutions	Sometimes too willing	Up to three years ago, if a problem occurred with an inmate, the sheriff was very quick to file commitment papers for that individual due to the liability of the jail. We are now involved with a program dealing with mental health issues in the jail through our local mental health center so we don't have near the commitments from the jail as we used to. When we do have a commitment, it is always successful..	Can't think of any.
Plymouth County								
Pocahontas County	<p>The Clerk of Court will notify the County Community Services Office at the time application is being made for commitment. CPC staff will be sent to the Clerk of Court office within 30 minutes of the request to assist with the completion of a CPC Application.</p> <p>On weekends or after regular working hours, if a commitment is ordered, the CPC must be notified the morning of the next working day and the</p>	The Magistrate arranges placement for a 48 hr. hold	The Magistrate, often with input from the CPC, contacts facility for placement from our list of providers.	<p>The system we have in Humboldt County seems to be working well.</p> <p>I am not notified in as timely a manner in Pocahontas County, when there is a commitment. The hospitals are usually good at contacting us the next morning of a work day, and get us a CPC Application.</p>	Trinity Regional Hospital in Fort Dodge closed its Psychiatric Unit, and we now have to place individuals much further away, and where ever a bed is available. This has also led to increased Sheriff Transportation cost and time.	Our Magistrate generally commits most of the individuals that have been filed upon.	<p>We work closely with the County Law Enforcement, and have worked with them on commitments from the county jail.</p> <p>Only occasionally, but commitments have been done when needed</p>	We have seen a large increase in commitments for children under the age of 18 filed under Chapter 229.

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	<p>consumer or their representative must file a CPC application.</p> <p>The Magistrate may also call the CPC at home or at cell phone on evenings or weekends if needed.</p> <p>If probable cause exists to indicate that the respondent is seriously mentally impaired and likely to injure him or herself, or is in need of substance abuse treatment, the Magistrate will generally then contact the network provider regarding the commitment and arrange for admission, and an order is then issued for transportation by the County Sheriff's office.</p>							
Polk County	Affiant files, court issues pick-up order, sheriff transports to hospital. Hearings held at one of the local hospitals, i.e. if patient is hospitalized at another local hospital, sheriff has to transport to hospital where hearing is held.	Hospital staff.	Hospital staff. If need is not inpatient, then community case manager handles placement issues.	For the most part it is working the way we do it	Shortage of inpatient beds; reluctance of private hospitals to accept or keep patients with chronic mental illnesses; eagerness of hospitals to transfer to MHIs even though it is same level of care	Too willing. When we had the referee, he would work with the family to triage and discourage inappropriate filings. Since the courts got rid of referees, we're back to the old days of committing anyone for anything, no questions asked, whether appropriate or not.	We negotiated a process with the courts, local hospitals, county attorney, and court to be followed, and the process works well when everyone follows it. I'd guess five or six times a year. Generally successful.	Funding—because the state hasn't funded the system as promised when SF 69 was passed, we now have HUGE waiting lists for any services other than inpatient and outpatient. A new consumer admitted to our system today, including one sitting in the hospital and awaiting a placement, will be waiting 4 years for services.
Pottawattamie County	Pottawattamie County commitment process involves 2 interested/involved parties filing at the court house. Hearings are held for those people within 5 days. The Judge is at the Court House, while the doctor,	The Clerk of Court rotates between our two local hospitals in finding a bed. This has only been an issue when both hospitals have been full – not currently an issue.	If the person needs placement at an MHI, then the hospital social worker usually coordinates this. They work with the CPC office if transportation is not available on that day to assure that the hospital will be paid until the person is	I think it should work just the way it does now. Whoever has the most direct involvement with the patient is the person most reasonable to arrange placement. The CPC office along with its social work staff are always available	The only placement problems we have is when one of the MHIs is full. We may need to wait a few days before a bed opens up. The only other placement problem occurs with people who are in the hospital awaiting a	Very willing (maybe too willing), due to their fear of liability if something would happen to the person if they do not commit. I would like to see this issue addressed as Pottawattamie County has one of the highest	Happens occasionally, but not very often. I do not think this is something that is necessary. They are often times more safe at the jail and it would be great if the person could be evaluated and treated while in the jail.	I would like to see the commitment rates drop. It is too easy for a family member to commit an individual. We have basically no screening process to make sure people are not being committed unnecessarily.

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	patient and attorney call in from the local hospital. District Judges are rotating their responsibility for the commitment hearings.		able to be transferred.	to make recommendations and assist when necessary, but if it is a person unfamiliar to our office, there is no need to start from scratch. If placement is beyond that of an MHI, like for example, and RCF, then a county Social Worker becomes involved to help coordinate placement.	placement at a local service provider. For example, there have been some difficult placement situations created when the patient is one who has been unsuccessful at a local service provider and it takes a long time to search for a provider willing to accept the patient with severe behavior issues. There are not enough community providers willing to take on the extremely tough individuals and not enough providers trained to even be able to do so. So, we keep them where they are the safest, which is usually the hospital.	commitment rates per capita.	I can think of only one in the past year. They were committed upon the jail transporting the person to the hospital, but I believe were released back to the jail shortly thereafter. Even with secure units, if a person is really dangerous, it is not a good situation for hospital staff.	It would be helpful for the Advocate to be under the Ombudsman's office instead of under the District Court as currently to assure independence and to make the position uniform statewide instead of by district or county. The process was better when there was money for a magistrate designated to mental health and substance abuse commitments as that person was able to be aware of the special issues with this population. We have had 44 mental health or substance abuse commitments on individuals under 18 since January 2008 up from 17 individuals in 2007. That seems to be an issue that needs to be addressed as well. Several of those people are 16 and 17 year olds, but at least have been 13 or younger.
Poweshiek County	Our office is not located at the county seat; therefore the process can be difficult. An individual would apply at the courthouse and the clerk of court arranges for court dates contacts the judge and transportation.	Once ordered the family or individuals filing for commitment are to call the hospitals for placement. (I don't agree with this process but we are not in the same town as courthouse and would be difficult to coordinate)	Usually the CPC office works in coordination with the hospital in finding placement	I feel the CPC office should be doing this. Many times we are not aware of a committal until we are billed.	1.)Too much stress for families to be calling for placement. Information does not get to us until later. 2.)No CPC app 3.) They will call an ambulance for transport before the sheriff and our transportation costs have been outrageous	If the need is there they have no problem. Sometimes too quick in doing so.	Does not happen that often and then they are in contact with us in assisting in placement of a bed. rarely. Just had one and it was successful	
Ringgold County	Follows code	Currently placement found either by mental health center once completing a pre-screening, by the local hospital, or physician's office	Same as 2	Needs to be addressed by legislature and written into the rules.	None as of late. At times in the past were challenges finding beds.	No concerns.	Have not had this situation.	
Sac County	The family/interested parties presents at the clerks office and the clerk	The CPC	The CPC	The courts	There are often no beds available. The judge won't process the commitment	Judges/magistrates are often inconsistent and can be more difficult to work	We are often not involved in this process. If someone tries to follow through with	Some counties do not have Mental Health Advocates and persons are not

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	calls the CPC to locate a bed. Once the bed is located the commitment is processed through the court.				unless a bed is available. Law Enforcement doesn't recognize their ability to utilize a hold. Hospitals are inconsistent in their commitment acceptance process. On some occasions medical clearance is required, on other occasions they do not. On some occasions they require a doctor to doctor referral on others they do not. There is no authority on what entity is responsible for funding the medical clearance (medical hospital bill). Hospitals often won't accept patients without a contract from that patient's county of residence. There are commitments the county should not be responsible for in relation to the individual's resources and commitments are often halted as a result of funding issues when the need is still there. Often the resource information is not available until after the commitment is processed. Often times counties don't have enough information to process claims related to the commitment. (ie SS#, DOB etc.)	with if no bed available or options available are further away from home.	an attempt in jail, commitment process is followed, if no attempt and just statements are made commitment not started. Counties are trying to minimize commitments being a way to get out of jail. New correction facility in Sac County and supports from local mental health center has helped to minimize these concerns. This has not been an issue in the last two years	receiving quality advocacy services from attorneys. There is no incentive to change this. No real guidance on how Mental Health Advocates are to be paid, no direct line supervisor for the advocate and no consistency between counties.
Scott County	Clerk takes applications, if Judge signs, the Sheriff takes the person to Genesis Medical Center for evaluation. If Genesis is full, the person goes to St. Lukes in Cedar Rapids. If St. Lukes is full, the Sheriff looks for the nearest hospital available. All hospitals are approved	48 hour holds occur after hours by nature. The hospital (Genesis) is requesting a bed. If no bed is available, Genesis seeks another bed/location.	The hospital and county staff jointly.	The hospital for 48 hour holds as after hour emergency situations. The hospital and county staff jointly. The hospital has the clinical information and the county has the financial information.	Scarcity of beds at the private and state hospitals is a major problem. More financial resources need to be available. The State of Iowa has put handcuffs on the systems.	They are willing when information is presented. They will error on the side of safety. We have very good working relationships with the courts and judges in Scott County	It happens approximately monthly	The counties are struggling with lack of resources or dwindling resources. The overall number of beds have been reduced by the State. It is very difficult to find placement.

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	for funding.							
Shelby County	The commitment process usually begins at Clerk of Courts office after an affidavit is filed by two individuals on a person they feel is a danger to themselves or others. After it has been filed, the Magistrate reviews the information and decides whether or not the person meets the requirement to be committed. If the person shows up at the mental health center or the emergency room after 4:30 p.m. or on the weekends, then the mental health professional or the physician on call determines if the persons needs to be hospitalized and finds the bed. That physician or mental health professional then files the 229 with the Clerk of Court the next following business day.	Clerk of Court	The CPC	I believe the Clerk of Court should find hospital beds during business hours. If the person is then found to be seriously mentally impaired and in need of further treatment or residential treatment, I believe the CPC should be a part of that decision process.	It is very difficult at times to find beds especially for minors. My three counties have also seen an increase in hospitalization of young minors (4-10 years old). Once an adult has been found in need of involuntary residential care facilities (RCF) and they have serious mental health issues including behaviors/violence/sexual issues, it is very difficult to find placement for these individuals.	It is too easy to have someone committed in Iowa. Most magistrates lack the training to determine if someone needs to be involuntary committed or not.	I have not had any issues I am unaware of how many times it is necessary to have an inmate committed but if an inmate needs to be committed it is usually successful.	Increase in minor children being committed. At times, it is difficult to find hospital beds and/or residential care facilities (RCF) especially if the person has behaviors. We have also had some issues trying to get consumers who are living at RCFs off of a commitment even though they have been deemed “no longer a danger to themselves or others”. In these cases, we usually try to work with the RCF, psychiatrist and Magistrate to at least find the least restrictive residential setting for the consumer.
Sioux County	The involuntary process is as follows, we attempt to determine if the individual being committed has any credible insurance coverage either Medicaid or private insurance. If so they must be placed in a private hospital. If they do not have insurance then the primary placement for Sioux County is Cherokee MHI or one of the other MHI's in the State.	The Sioux County Sheriff and the emergency room doctor collaborate to find an available bed. They consult with the CPC when necessary.	The Clerk of Courts in consultation with the CPC when necessary.	Through the Clerk of Courts Office is the appropriate process.	The unavailability of beds	Very willing	Doesn't seem to be a big issue, tend to be handled much the same as anyone else. Very infrequently and tend to be successful.	None.
Story County	Paperwork for a commitment for mental health (229) may be filed at either the Clerk of Court's	Because our local hospital, MGMC has a psychiatric unit, people end up in their ER, including committals.	If this is determined in MGMC ER, then MGMC and the Clerk's office find a bed if MGMC doesn't have	Our experience has been that the hospital where the person is being triaged/screened works	The lack of psych beds throughout the state and at the state MHIs. It makes discharge planning very	It appears to happen rather frequently.	The jail staff filed the commitment paperwork for the person and also assisted the person in	The lack of psychiatrists in the state for both inpatient and outpatient services. I also think it would be good

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	Office. If the person is already at Mary Greeley Medical Center (MGMC), then hospital staff may file the order for the person to be committed to the hospital or to remain in the hospital for further evaluation. Two people must file the commitment paperwork. A judge then reviews the commitment paperwork and makes a determination whether the person does meet commitment criteria. If so, then an order is prepared by the judge for the person to be brought to the hospital by the Sheriff's Office.	MGMC does a medical screen and then if they don't have an open bed, MGMC and the Clerk of Courts office work together to find one. Upon finding a bed, the person is transported by the Sheriff's office to that location.	one.	well in trying to find a hospital bed for a person if the person cannot be hospitalized at their hospital. The hospital has first hand knowledge at that time what condition the patient is in, has lab results and collateral information from the family or law enforcement that has brought the person in.	challenging when you are trying to work with a hospital that is four hours away and unknowledgeable of the services and resources available in the county the person is returning to.		being taken to the local hospital for treatment/care. Essentially the same process was followed for a non-inmate. I see maybe one commitment a year come through from the jail and it is usually one that is warranted.	if the role of the MH advocate was studied. With the changes in the MH system (ie, patient rights) and the limited dollars for MH services, I think a good solid look needs to be made at this part of the system so that the service is being directed and provided where it's needed most.
Tama County	Pursuant to statute	The CPC office finds the bed. After hours the Sheriff finds the bed in most cases.	The CPC Office.	The process works good for us in both Counties	Limited number of beds for inpatient treatment. We often have to make several calls to find a bed	I feel they are fair to the individual who the papers have been filed on.	If the jail is concerned about a person incarcerated, the committal papers are filed and processed accordingly. I can't say it's been an issue in either County. It happens rarely, and they are usually accepted	None I can think of at this time.
Taylor County	Patient presents at hospital, court house, etc. Mental Health Center or hospital staff evaluates - magistrate issues order - CPC attempts to find bed, assisted by auditor and MHC.	Social Worker at facility with help from CPC	County Attorney assistant CPC helps if needed	If they present at the clerk's office - they have all the information there - the Clerk should find placement; if they present at MHC - the Mental Health Center.	Finding a bed in becoming increasingly difficult. Also when we have to place a person who is with the judge or in the clerk's office, our office ends up being just a go-between - calling the placement - they have questions - we call the clerk back to get information, etc. It just adds another step and wastes valuable time. Each facility has different questions they ask in order to determine if they will take the consumer. If the person is right there in the clerk's office or the judges	It varies - one county seems to commit everyone - one county won't commit even if it seems obvious it's needed - the other 3 are good in their evaluations and judgement of who needs commitment.	They seem anxious to have them out of their jail, but don't want to work with us to find a place. Infrequent, and yes	It needs to be made clear just who is responsible for what steps of the procedure. The code is not clear on whose "job" it is. Our district judge issued an order that the clerks cannot be involved. In other areas they still are.

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					chambers it makes no sense to have to play "phone tag" with information. The CPC is not a clinician - just a funder.			
Union County	Patient presents at hospital, court house, etc. Mental Health Center or hospital staff evaluates - magistrate issues order - CPC attempts to find bed, assisted by auditor and MHC.	Social Worker at facility with help from CPC	Auditor, CPC helps if needed	If they present at the clerk's office - they have all the information there - the Clerk should find placement; if they present at MHC - the Mental Health Center.	Finding a bed in becoming increasingly difficult. Also when we have to place a person who is with the judge or in the clerk's office, our office ends up being just a go-between - calling the placement - they have questions - we call the clerk back to get information, etc. It just adds another step and wastes valuable time. Each facility has different questions they ask in order to determine if they will take the consumer. If the person is right there in the clerk's office or the judges chambers it makes no sense to have to play "phone tag" with information. The CPC is not a clinician - just a funder.	It varies - one county seems to commit everyone - one county won't commit even if it seems obvious it's needed - the other 3 are good in their evaluations and judgement of who needs commitment.	They seem anxious to have them out of their jail, but don't want to work with us to find a place. Infrequent, and yes	It needs to be made clear just who is responsible for what steps of the procedure. The code is not clear on whose "job" it is. Our district judge issued an order that the clerks cannot be involved. In other areas they still are.
Van Buren County	Court documents are completed, a judge reviews the evidence, and CPC is contacted to locate a bed.	The hold is ordered generally after a bed is located and the hospital is in agreement to receive the individual. There have been no issues regarding ultimate responsibility because it is a "team" effort in placing the individual.	The hold is ordered generally after a bed is located and the hospital is in agreement to receive the individual.	The CPC	Locating a bed and follow-up after discharge from the hospital.	No problems	The Clerk's office is expedient in forwarding all paperwork on to me. They are great to work with. On occasion and always successful.	Lack of prevention services in small rural areas.
Wapello County	My office is responsible for placement, it the individual does not have a social worker or targeted case manager.	The facility where the person is taken by law enforcement.	The facility they have been in for their evaluation, with input from my office.	Court should be responsible using the guidance in the County of commitment's MH/MR/DD/BI Mental Health Plan.	Having no psychiatric beds available in the State of Iowa.	Very willing	No problem generally successful	These actions are Court responsibilities and should be funded and carried out by the Court.
Warren County	Two people present to the Clerk of Court office to file	The Clerk's office used to handle this, but since Judge	See answer to #2.	In our county, it worked better when the Clerk's	Numerous, which is part of why the Clerk's office	Very willing, as they do not believe they are trained to	Good. The sheriff and Clerk's office are both good	Mental Health advocates responsibilities, billing,

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	commitment paperwork. The Clerk contacts our mobile outreach worker(s), and they contact the person/family for an assessment. If referral or outpatient is needed, help is provided in arranging. If involuntary commitment is deemed appropriate, the individuals file necessary paperwork with the Clerk of Court.	Gamble's order, it has become the sheriff's obligation.		office handled the placement. They were already dealing with the family, had the paperwork and access to the judge, so were in a better position when contacting hospitals.	objected to handling the placements. We do not have a local hospital in our county, so are subject to attempting to place in whichever county is willing to accept. We are close to Des Moines, however, beds are rarely available at Broadlawns. We often find our consumers are driven all over the State, in an attempt to locate an available bed.	make decisions otherwise. Implementing our mobile outreach person has helped minimize commitments.	to work with re: commitments. Not frequent and yes it is successful.	time, etc. Since they are under the jurisdiction of the courts, payment responsibilities should be the State's.
Washington County	If the involuntary commitment occurs during regularly scheduled business hours, CPC office will collaborate with the Clerk of Courts office in the commitment procedure. After regularly scheduled business hours, contact the Public Safety Center Dispatch to contact the magistrate on call to sign the emergency custody order and order for transport. The applicant and one additional person must go to the Clerk of Court's office the next working day to complete an application and affidavit for the involuntary commitment. If the applicant fails to complete the affidavits for the involuntary commitment, the emergency custody order expires after 48-hours and the individual will be discharged. If an involuntary hospitalization occurs outside of working hours, the Clerk of Court office contacts the CPC office the next working day	If a 48 hour hold is ordered after hours, then the emergency room personnel locates the bed in collaboration with the magistrate.	The hospital social worker typically contacts the CPC office to discuss residential placement recommendations (this is the preferred scenario). If residential is recommended, either the CPC will assist and/or designate the Targeted Case Manager to assist in locating placement. It is preferred that the social workers contact the CPC office prior to the hearing, so we can assist in locating placement prior to the hearing, if possible. This may alleviate the need to keep someone in a hospital bed that does not need acute level of care, opening a bed for another individual. It also minimizes the need for sheriff transportation. In smaller communities, sheriff transports may mean taking away one of the few deputies on that shift or may mean paying a staff time and a half to come in to do the transport. Telehearings could	Ideally, it would be beneficial for each county to have a designated mental health professional THAT HAS the training to determine when a hospital placement is necessary, so they can complete an evaluation and make recommendations to the judge/magistrate to authorize the order for either in-patient or out-patient treatment or a heads up to the sheriff department for situations that are due to family disputes. This type of training would need to be developed and standardized throughout the State of Iowa. This may alleviate some of the unnecessary orders for hospitalizations. Ideally, this person would also have the knowledge to locate the most cost effective placement, including 1) the contact information for the available psych beds/hospitals in Iowa and 2) knowledge of the	There is difficulty finding open beds, as there is an obvious shortage of hospital beds in Iowa. This is why I question the State's position to evaluate the possibility of closing one of the MHI's in Iowa. Before taking away more beds, the committal process needs to be evaluated and modified to reduce the need for those acute level of care beds.	Very. Rarely, is an order not issued when there has been an application and affidavit completed. It would be helpful to provide the judges and/or magistrates with the criteria outlining what necessitates a committal for both mental health and substance abuse. This would assist in minimizing the unnecessary hospitalizations occurring. To put it mildly, doctors have expressed their discontent with the misuse of the committal process and waste of hospital beds and staff time in some of the unnecessary hospitalizations. There has also been some discontent with the process – hospitals/doctors state that they must keep the individual for 5 days (or until the hearing) when the individual is ready for discharge after the first day with a recommendation of out-patient services. Further training to the Clerk of Court's offices,	This is a good question for the Clerk of Court to answer. My experience in the CPC office is very limited. Typically, my office is not involved in this. The sheriff and/or county jail staff file the paperwork and a bed has typically already been found by the physician (typically after hours). If it's during working hours, the CPC office may assist in locating a bed. Not often and yes, if you mean that the attempt to commit is successful by "the order for hospitalization being given".	The commitment process not only needs to be modified for mental health 229's, but also for the substance abuse 125's. I think that judges/magistrates should be knowledgeable of the criteria outlining what necessitates a 125 commitment and what is imminent and what can be ordered upon availability. If the judicial system is going to be ordering support without knowledge of the funding for those services, the judicial system should be covering those costs of services and determining who should be and should not be eligible for their funding, not another office. This is especially true for individuals being committed under substance abuse. At this time, it's my understanding that the code designates the judicial system to complete and determine if individuals meet the financial criteria to be determined indigent and in

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	of the situation to provide the person's name, address, phone number, social security number, birth date, and hospital of admission. The CPC staff will follow up with the hospital to complete the single-point entry process. For individuals without insurance of any kind and whose expenses in whole or in part are the responsibility of the County, a pre-screening may be done by the nearest available Mental Health Center as determined by the CPC. (This rarely occurs in our rural community, because there is not a psychiatrist available immediately upon the completion of the application and affidavit). If ordered by the judge, the CPC office could try to locate a MHC with an available appointment, but this does not occur. If the individual is in need of an inpatient admission, they will be admitted to UIHC if a bed is available. If no bed is available, the four state Mental Health Institutes shall be contacted in the following order: MHI-Mt. Pleasant, MHI-Independence, MHI-Clarinda, and MHI-Cherokee. All Mental Health Institutes must be exhausted before the County will pay for any other facility. If no bed is available at one of the four MHI's, then St. Luke's in Cedar Rapids may be		sometimes save on resources, if recommendations are being provided but the residential bed has not been located yet. ***If the recommendation is for out-patient services, the hospital social worker may coordinate those services directly with the local CMHC but they may also contact the CPC office to coordinate this service and funding. ***If inpatient acute level of care is recommended, the CPC office may or may not be contacted. In my experience, the CPC office is contacted if the hospital feels that acute level of care may be necessary for an extended period of time or they are having difficulty finding a placement for those hard to place individuals. The hospitals (St. Luke's in particular) will call the CPC office to discuss a lateral transfer to the MHI. Sometimes, the hospital will just call the MHI and then the CPC office is contacted by the MHI for approval (the CPC office may or may not know what the recommendations have been at that point). This is a growing concern, because private hospitals are trying to utilize the MHI's for long term placement for acute level of care needs, when the MHI's do not feel that they are long term facilities. Medicaid sees the MHI's as acute level and does not	funding streams and a hierarchy of access to funding to ensure that the proper funders are being utilized prior to county funding due to limitations on those funds. This person may also follow the individual through the commitment process and coordinate ongoing in-patient, out-patient and/or residential services with the CPC office and/or the appropriate funders. However, until this "ideal position" is created or training is developed, I believe that if the judicial system is making those judgments on who is ordered to acute level of care, the judicial system should not only be locating the hospital beds, but paying for them as well. Once those individuals are ready for discharge to residential placement or out-patient services, the social workers at the hospitals should be working directly with the funders of those supports (including the CPC offices) and the case managers (if relevant) to coordinate those placements. However, it is important that these social workers be trained and knowledgeable of the available and appropriate supports available in the community, so they may communicate these options to the doctors, as sometimes it seems that they may not be aware of		judges/magistrates and hospitals in knowing what is allowed to discharge a patient prior to the hearing and the process to complete it may alleviate some of these problems.		need of financial assistance with the assigned attorney, however, I have not found this ever to be completed by the judicial system. The judicial system orders payment by the county and then it is up to the county to pay and attempt to recoup this money from the individuals after eligibility has been determined. It is my understanding that the judicial system is suppose to be completing an application form upon the commitment, however, this also does not occur. It is currently up to the hospital and/or the CPC office to attempt to follow this single point of entry process that was initiated through the judicial system. If this does not occur there are issues with payment between the county and the hospital due to lack of information to determine eligibility. There are many things that are not occurring to properly coordinate between the judicial system and the funders to establish eligibility and funding prior to these placements. The outcome being that individuals are walking away with huge bills for a possible commitment that may not have been necessary in the beginning. It appears that the system has been muddling through the commitment process for many years with Code that is in need of updating and

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	<p>contacted for bed availability. (We typically try other hospitals, ie, Genesis in Davenport, Great River in Burlington, and/or Keokuk Area Hospital in Keokuk before St. Luke's). For persons with Veteran's benefits, one of the VA Hospitals must be contacted for placement initially. If no bed is available at a VA facility, then placement would be sought in the same order as listed above.</p> <p>For individuals with third-party insurance of any kind such as private, employer sponsored Medicaid, Medicare, etc.; persons shall be admitted to a provider of choice. It is the responsibility of the persons completing the application and affidavit for the commitment and/or the individual being committed to verify that the third-party insurance covers this service. If this cannot be verified the involuntary commitment will be treated as though there is no insurance, unless the individual and/or applicants agree to privately pay for the hospitalization. The following facilities that may be contacted for individuals with third-party insurance include, but are not limited to, the UIHC in Iowa City, St. Luke's Hospital in Cedar Rapids, or any other facility with a bed available that is willing</p>		<p>distinguish between a private hospital and an MHI, except Medicaid will not pay at the MHI – which causes another problem with lateral transfers.</p>	<p>the different levels of support available (ie. residential care facilities vs. 24 hour site homes vs. hourly services, etc) and the first placement recommendation is residential care facility. These beds are also becoming fewer and fewer with the availability of 24 hour site homes in the communities, which are only affordable/accessible to those individuals with Medicaid and supports through the MR Waiver or Habilitation Services.</p>				<p>no clear knowledge of a best practice process for urban and rural communities. This cannot be developed by one entity but needs to be developed by all of the entities involved. In my opinion, the process for each entity involved needs to be clear with concise understanding of what qualifies an order for immediate custody, who qualifies and who determines that qualification for funding, as well as all of the pieces that each entity is responsible for completing according to the Code.</p>

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	to accept the individual's insurance. If no bed is available, then the four Mental Health Institutes shall be contacted in the above explained order. Washington County is the payer of last resort and if other third-party payers are available, they must be accessed first. For persons with Veteran benefits, one of the VA Hospitals may be a placement option. Washington County will not subsidize third-party payers.							
Wayne County	A person can come to the clerk's office, sheriff's office, mental health center or the ER and once an affidavit is filled out and the magsitrate/judge feels that the individual needs placement then the process of finding a bed is next, depending on where the person is depends on who looks for the placement	If the person is at the local ER,the doctor will look for placement. If the person is with the Mental Health Center, they will look for placement. If the person comes to the clerks offie or the sheriff's office the CPC usually finds the bed.	If the person is at the local ER,the doctor will look for placement. If the person is with the Mental Health Center, they will look for placement. If the person comes to the clerks offie or the sheriff's office the CPC usually finds the bed.	The hospitals or the Mental Health Centers	Sometimes we have had issues finding beds in the local area. Most of the problems that I have had is that the doctors want to talk with doctors not CPC's	Willing	Has not been a problem. Not very often, but we don't have any problems with the commitments they are always successful.	Every county is doing something different and some consistency would help.
Webster County								
Winnebago County	Pursuant to statute	Judge	Social worker contacts CPC, workers visit with social worker and find placement	Works very well for us	Sometimes Mercy is full, Allen hospital, impossible to get into MHI Consistency of psychiatrist would help	Willing to commit individuals as necessary, go with protection of person	Sure, works fine, just like any other person,	Sure need more psychiatrist, see more children committals all of a sudden, don't know if that's really needed. We have a great mental health advocate in this area, involved in staffings, like an extension of our office Excellent relationship with

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								clerks, judges, mental health advocate Hearings held at hospital, he's willing to go there We pay for him to be judicial referee
Winneshiek County	During court hours: 2 individuals must sign an affidavit that is presented to the judge. If founded, the clerk notifies the CPC who finds a bed. The person is picked up by the sheriff's dept. After hours: Staff at local ER sign 48 hour hold request & hospital makes arrangements.	If this occurs after hours, it is the medical facility making the recommendation. If it is during business hours, it is someone in the CPC office.	This is typically found while the person is in the hospital & hospital staff coordinate this placement with input from CPCs, case managers, and family.	I believe that a commitment is a legal process to get the person the medical help they need. This should be managed by medical/social service staff with input from the insurer (insurance company, Medicaid, County CPC, etc.)	Sometimes there is not a bed available & staff must make several calls. It's very hard for the CPC office to make those arrangements when nothing is known clinically about the person. The goal is to make the most successful match so that treatment is successful. When I ask lots of questions, clerks have been told not to release that information or don't know (because it hasn't been asked). At the same time, it sometimes takes a bit to find a bed and judges get impatient.	If there is legal evidence to commit, there is not an issue	There is an attempt to get that person mental health services in jail, and only when that is not successful is the person committed to an inpatient. Happened once this past year	Please explore the role of the mental health advocate. This is a very necessary role in the system, but advocates need to be persons with professional mental health training or access to a trained supervisor. They should not duplicate roles of attorneys, case managers, hospital staff or families. They need to be accountable to someone—either the court system or the county
Woodbury County	Court handles	Court handles	Court handles, works for their county	Court handles, works for their county	Doesn't know, court handles, CPC just receives the bill	No information	No information	No time to list
Worth County	Pursuant to statute	Judge	Social worker contacts CPC, workers visit with social worker and find placement	Works very well for us	Sometimes Mercy is full, Allen hospital, impossible to get into MHI Consistency of psychiatrist would help	Willing to commit individuals as necessary, go with protection of person	Sure, works fine, just like any other person, Worth county 2-3 in last couple years	Sure need more psychiatrist, see more children committals all of a sudden, don't know if that's really needed. We have a great mental health advocate in this area, involved in staffings, like an extension of our office Excellent relationship with clerks, judges, mental health advocate Hearings held at hospital, he's willing to go there We pay for him to be

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								judicial referee
Wright County	<p>During business hours (Mon-Fri 8:00 to 4:00) people may file an affidavit at the clerk of courts office. The affidavit has been modified to include a more readable affidavit that is better understood by applicants and includes a Central Point of Coordination Application an emergency screening form to help agencies better understand the needs of the respondent and aid in the acquisition of placements and a two page document that explains what information is required on the affidavits and what a magistrate needs to involuntarily commit a person.</p> <p>When applicants come to the clerk of court office the Central Point of Coordination Office is contacted and a person from that office goes to the Clerk's office to assist applicants in the completion of the CPC Application and to answer any questions the applicants may have about the process or the information required on the affidavit. The Central Point of Coordination staff also assist the Clerk by faxing materials to necessary parties and, if an involuntary commitment is ordered, in finding placements for the respondent and notifying</p>	Emergency placements after business hours are the responsibility of the magistrate	The Central Point of Coordination office usually handles these placements	I believe the party responsible for funding the placement should be responsible for obtaining the placement	Our local inpatient unit has closed and the local Mental Health Institute is usually full. As a result respondents are often shipped to As far as Council Bluffs, Waterloo and Des Moines in order to access an opening.	As stated above our magistrate is willing to commit individuals if the information on the affidavit presents significant grounds under the law for him to do so. Otherwise he will not order a commitment. I feel our magistrate is VERY reasonable with the power of his office and the decisions he is required to make.	Very rarely dose our magistrate commit an inmate in a jail as the inmate is in a controlled environment capable of 24 hour surveillance and control. This eliminates any eminent danger or the possibility of a danger to self or others or property. Thus the person is not eligible for commitment. This does not mean the person is not eligible for treatment services or in need of treatment services. Commitment proceedings are legal proceedings and should not be based upon a need for treatment but on a need to overt imminent danger to the respondent of persons in the community based upon the respondent's actions. Our sheriff understands the magistrate's legal position and rarely files affidavits on inmates.	In my opinion the commitment process is highly abused in Iowa. The process is to ensure a persons liberty, however it has been my experience that most magistrates operate out of a desire to help and not a desire to follow the law. As a result many individuals are involuntarily committed to inpatient psychiatric units when there are no legal grounds to do so. The freedoms of Iowans are frivolously taken away under the guise of treating individuals. It has also been my experience that most inpatient units provide very little in the way of treatment as the psychiatrist spends little more than 15 minutes with the patient in a five day period. It seems that few understand the commitment process as it actually is. The commitment process is little more than a time out period to avert a building crisis situation that cannot be handled by the community, family, hospital or law enforcement. Persons involuntarily committed are given a safe and secure environment to reflect and family and friends are given time to regroup and come together in support for the respondent. The process does not correct a given situation nor treat to the

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	<p>the local sheriff of the need to locate and transport the respondent.</p> <p>If there is a need for person to apply for an involuntary commitment after hours these person are directed to contact the sheriff's office and the sheriff then contacts the magistrate with information to allow him to make a decision. The applicants are then expected to follow the normal business hour process on the first available business day. If they do not the magistrate dismisses the original order.</p> <p>The magistrate also reviews each case at least quarterly and renews or dismisses the order for involuntary commitment either inpatient or outpatient. Most often the order is dismissed.</p> <p>The magistrate has conducted a thorough study of Chapter 229 and Supreme Court decisions in order to fully understand and follow the intent of the law. As a result he separates himself from the process to remain an impartial judge and looks for factual evidence that will allow him to make an impartial decision as to whether or not he should take away the freedom of the respondent through an involuntary order. As a result involuntary orders in</p>							<p>point of healing a person. The process merely averts a crisis and allows everyone the time to plan for alternative solutions once the respondent re-enters the community. And at times this planning fails and the respondent follows through with their original intentions.</p> <p>It is important to understand that an average commitment includes the following costs: an average of \$750 a day over five days or \$3,750.00; Doctor fees in excess of \$300.00; attorney fees averaging \$150; sheriff transportation fees averaging around \$100.00 and advocate fees that are all across the spectrum but for Wright County average about \$50.00 for a total of \$4,350 on average. We have had cases in surrounding counties with magistrates that order commitments as an attempt to "help" instead of following the law where individuals are committed twice a month each month for over a year. This occurs as the respondent moves in with various friends and girl friends and abuses Meth. When the respondent wears out his welcome he goes tot the Emergency Room and threatens suicide. The Hospital contacts the magistrate who signs an order and the respondent then gets five days paid</p>

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	<p>Wright County have been significantly reduced in Wright County since 1998. The only suicides that have occurred in relation to application for involuntary commitments have been those the magistrate has decided to order involuntary placement and after inpatient treatment and a recommendation for release by the physician the respondents in two occasions have committed suicide. No suicides have occurred after a decision not to order involuntary placement.</p>							<p>and a chance to find his next living arrangement. This has cost the county over \$8,000.00 a month for each month this has occurred. Mot often Hospitals desire commitments to avoid liability issues. The hospital fears that should a person leave their treatment and harm themselves or others they will become liable. As a result they ask for a court ordered commitment to force the person to stay under their treatment and to shoe that the hospital made every attempt to provide the necessary treatment. If magistrates do not follow the process of law, but instead default to the request of physicians and hospitals there is no insulation for the taxpayers in becoming a second form of liability insurance.</p> <p>Wright County has been involved in a judicial district study that attempted to make the commitment process more uniform. I still hold the documents in regard to the studies conducted. If you would like copies I would be happy to share them with you. The long and short of the matter seems to be that magistrates receive very little training in regard to the commitment process and very little compensation for the magnitude of the decisions they are making. There</p>

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								needs to be a review of the intent of the law and training as such so that uniformity in decision making results. In addition, it has been suggested, and I think rightfully so, that the state of Iowa should “buy out” the counties responsibilities and assume full responsibility for the commitment process as well as the state hospital schools and the mental health institutes in lieu of the current proposed Medicaid buy out. This would be cheaper for the state and correct more problems than a “buy out” at the Medicaid level.